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The 1967 National Survey of Institutionalized Adults

Residents of
Long-term Medical Care
Institutions

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1974

U.S. Department of Health, Education, and Welfare
Administration
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Abstract

The 648,000 persons aged 18 and over who were in long-term medical care institutions (excluding nursing homes) in 1967 comprised three distinct populations. About two-thirds were in psychiatric hospitals or wards, a sixth in schools or homes for the mentally retarded, and a sixth in chronic disease facilities.

Persons in the chronic disease facilities—with mainly physical disabilities—were older, were more likely to have been married and employed, had been disabled later, had been institutionalized for a shorter time, and had more chance of discharge than patients in the other two groups. The mentally retarded had the opposite characteristics—they were younger, most had never been married or employed, had been institutionalized for many years, and had less prospect of discharge. The mentally ill and the mentally retarded were generally in large institutions averaging 2,000 patients. The physically ill were generally in smaller institutions of several hundred patients. About 10 out of 20 patients were in public institutions, mostly State and local. For the entire patient population, 3 out of 8 were OASDHI beneficiaries.

Patients in chronic disease facilities were more likely than psychiatric or mentally retarded patients to need help in personal care or locomotion, to have trouble with bowel and bladder control, and to have limited speech or sight or hearing. Among patients under 65, however, the mentally retarded had the most limitations and needed the most care. Psychiatric patients, regardless of age, were more disoriented as to time and place than other patients.

Most patients received medical service, usually therapy or psychiatric treatment, at least weekly. One out of 3 was assigned work in the institution, usually without pay. Half the patients lived in a room or ward with at least 10 others, and half were in an institution with at least 1 doctor for every 100 patients and 1 employee for every 2 patients. Institutions expected that discharge was possible within 6 months for about 1 patient out of 5, and most patients were in institutions that provided predischarge planning and postdischarge care.

Seven out of 8 institutionalized adults had relatives, most frequently brothers and sisters, or friends. Most patients had lived with relatives before admission and expected to live with relatives if discharged. About half received visits

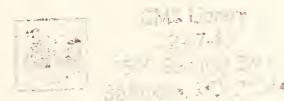
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Foreword

CLEARINGHOUSE

THIS REPORT DEALS with a type of disability that is socially depriving, requiring long residence away from family and friends. Many of these disabled persons—most, in fact—have either experienced personality breakdowns that disrupt the customary pattern of life or lack the mental capacity to participate fully in life outside the institution. Some recover, but many do not.

The data do not describe the quality of the life or what it feels like to be an institutionalized person. The report organizes and analyzes impersonal statistics about the institutionalized and their residence and care. The Social Security Administration (SSA) believes that the information summarized in this report will help social agencies and other kinds of agencies and persons responsible for social and medical policy and planning improve the care and treatment and lessen the misfortune of the institutionalized.

This study is an outgrowth of SSA's interest in disability because of the disability insurance program and SSA's responsibility for protecting the rights of incapacitated beneficiaries. The scope of the study, however, was not confined to program needs. Its aim is to provide a broader view of the institutionalized and to present data, particularly on finances and social relationships, that are not elsewhere available nationally.

The research on which this report is based was carried out under the supervision of Lawrence D. Haber, Director, Division of Disability Studies; most members of his staff participated at one stage or another. The variances were computed by Robert H. Finch and Katherine Merrick of the Division of Statistics. Also vital to the study was the cooperation of the institutional staffs and the relatives and guardians who provided information.

For readers whose interests or needs are more specific or narrower than the whole report, chapter 1 provides a brief summary of the points discussed in more detail in the rest of the report. Some of the material in this monograph was previously published in 1967 *Social Security Survey of Institutionalized Adults*, Reports Nos. 1-4, Social Security Administration, Office of Research and Statistics, 1971-72. Chapter 2 has been expanded from Report No. 1 to include data on persons aged 65 and over. Chapters 5, 6, and 7 reproduce Reports Nos. 2-4 with only minor editorial changes. These materials are republished to bring all findings from the study under one cover.

JOHN J. CARROLL,
Assistant Commissioner for Research and Statistics.

MARCH 1974.

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CHAPTER 1

Introduction and Summary

THIS MONOGRAPH SUMMARIZES the findings of a study of the persons aged 18 and over who were residents of long-term medical institutions or of schools or homes for the physically or mentally handicapped in 1967. Approximately two-thirds of a million persons of this age were in these institutions in the United States when the study was made, that is, something less than 10 percent of the country's severely disabled adults.¹

Data for this study were obtained through a survey conducted by the Office of Research and Statistics of the Social Security Administration. A multistage area probability sample of patients in long-term medical care institutions, including long-term wards of short-stay general hospitals, was selected. Data were collected on approximately 6,000 patients in August–October 1967 and in the summer of 1968. The survey methods and sample design are described in appendix A, page 151.

*The restriction of the survey to long-term medical care institutions excluded more than half a million persons in nursing homes, most of whom were aged 65 and older. Two or three times as many persons at this age level were in nursing homes as were in the medical care institutions covered by the survey.²

The study was instituted as a part of a general study of disabled adults in the United States. SSA research interest in disability reflects the information needs of the disability insurance program

¹ Data from the 1966 Social Security Survey of the Disabled on the non-institutionalized and from the present study show that persons in long-term medical institutions made up 7 percent of the severely disabled aged 18–64. The 1963 Social Security Survey of the Aged found that the number of persons aged 65 and over in institutions was about 10 percent of the number of noninstitutionalized persons of that age who said they were not well enough to work. See Lenore A. Epstein and Janet H. Murray, *The Aged Population of the United States—the 1963 Social Security Survey of the Aged* (Washington: Social Security Administration, Office of Research and Statistics, 1967), Research Report No. 19.

² Because the data of this study represent most of the disabled persons under age 65 who are in institutions but exclude the older disabled who are in nursing homes, most tables and analyses are broken by age.

and the agency's responsibility to incapacitated social security beneficiaries. The noninstitutionalized disabled were studied in the 1966 Social Security Survey of the Disabled through household interviews.³ Because of residential differences and the difficulties of interviewing institutionalized persons, a separate study was conducted in 1967 to supplement the 1966 study. Before this study was conducted, the only data available on patients in all types of long-term medical care institutions were provided by the Bureau of the Census in its decennial census.⁴

Findings

The data gathered in the 1967 SSA study of institutionalized adults fall into seven categories: demographic and institutional characteristics, limitations and treatment, institutional care, family and social relationships, charges for care, economic resources, and financial administrators. They are discussed fully in succeeding chapters. The following summary contains the main findings of the study.

Demographic and Institutional Characteristics

1. About 650,000 persons aged 18 and over were in long-term medical care institutions, excluding nursing homes, in 1967. These persons made up between 5 and 10 percent of all severely disabled adults in the United States in that year.
2. Institutionalized adults comprised three distinct groups. About 400,000 were *mentally ill* and were, mostly, in psychiatric

³ See *Social Security Survey of the Disabled: 1966* (Washington: Social Security Administration, Office of Research and Statistics, 1967-74), Reports Nos. 1-26. Report No. 14, "The Severely Disabled in the Institutionalized and Noninstitutionalized Populations," compares the two groups.

⁴ See Bureau of the Census, *U.S. Census of Population 1969, Inmates of Institutions*, PC(2) 8A (Washington: Govt. Print. Off., June 1963). Census data cover the usual demographic characteristics but are much narrower in scope than the present study, although they represent State and even county breakdowns. For example, this study includes data on social relationships and financial status. The National Institute of Mental Health conducts an annual census of patients in mental institutions that covers residents of psychiatric and mentally retarded institutions only and limits itself to age, sex, admissions and admission rates, and medical characteristics. See "Mental Health Statistics," Series A, *Mental Health Facilities Reports* (Washington: National Institute of Mental Health, 1967), Nos. 1-3. The Public Health Service in its National Health Survey collects data on patients in various kinds of institutions and hospitals from time to time, but has not conducted a comprehensive survey of all patients in long-term medical care institutions at any one time. See *Characteristics of Patients in Mental Hospitals, United States, April-June 1963* (Washington: Public Health Service, National Center for Health Statistics, 1965), which contains data comparable to the present study but much narrower in range.

hospitals or wards. Over 100,000 were *mentally retarded* and lived in schools or homes for the mentally retarded. Over 100,000 had *physical disorders* and were, mostly, in chronic disease facilities. Persons in the last group, with a median age of 68, were older than patients in the other two groups; had become disabled at a later age after relatively normal employment and marital experience; had been in the institution for a shorter time; and had the greatest likelihood of being discharged. The mentally retarded were at the opposite extreme—their median age was 33; they had been disabled from birth or at an early age and had little employment or marital experience; they had been institutionalized for many years and had small prospect of discharge. The mentally ill were between the two other groups in these characteristics, although they were closer to the mentally retarded in employment and marital experience and length of institutionalization.

3. Almost all institutionalized adults were in public institutions. Fully 17 out of 20 were in institutions operated by State or local governments, 2 out of 20 in Federal institutions, and only 1 out of 20 in private institutions. About a fourth of the patients in chronic disease facilities, but less than 5 percent of the mentally retarded and even fewer of the psychiatric patients, were in private institutions. The mentally ill and the mentally retarded, typically, were in large institutions, the average patient being in an institution of almost 2,000 patients. The average patient in a chronic disease hospital was in an institution of less than 400 patients.

4. Half the patients had been employed at some time; 40 percent had worked a median of 5 years under SSA-covered employment. Almost two-thirds of the patients in psychiatric or chronic disease facilities, but only 7 percent of those in facilities for the mentally retarded, had ever worked. Married men, of whom nine-tenths had worked, had the highest employment record.

5. The mentally retarded had been in the same institution without discharge for a median of 15 years, the mentally ill for 6 years, and the chronic disease patients for less than a year. Total time institutionalized, including previous stays in the same or another institution, averaged 2 to 3 years longer for the mentally retarded. Married persons had spent a median of less than 2 years in institutions; the nonmarried, a median of 11 years. Information from relatives 9 months after the survey indicated that about a sixth of the patients had been discharged and that the highest proportions of discharged patients were among married persons.

6. Three out of 8 institutionalized adults were social security beneficiaries drawing retirement or disabled-worker benefits rather

than benefits as dependents. About 1 out of 5 retired workers and 1 out of 8 dependent beneficiaries were drawing reduced benefits because of early retirement.

7. Patients drawing old-age or dependents' benefits had a median age of 75 or older. Disabled workers and childhood disability beneficiaries were considerably younger. Disabled workers were less restricted in mobility, less likely to be confused about surroundings, and more likely to be discharged than other types of beneficiaries. Childhood disability and special age-72 beneficiaries had been institutionalized twice as long, on an average, as other types of beneficiaries.

Limitations and Treatment

8. More chronic disease than psychiatric or mentally retarded patients needed help with personal care and locomotion. For patients under age 65, however, the mentally retarded needed the most help with personal care.

9. Nine out of 10 patients were not allowed or were not able to leave the institution alone. Almost half were confined to room or ward, either because of physical limitations or because of institutional restrictions. The mentally retarded, though less likely to be allowed to leave the institution alone, were less confined within the institution than the other types of patients.

10. More chronic disease than psychiatric or mentally retarded patients had trouble with bowel and bladder control, but the mentally retarded had the least control of the patients under age 65. Slightly over a third of all patients had limited hearing, sight, or speech, but few were deaf, blind, or mute. Persons over 65 had more limitations than younger patients because of hearing and visual deficiencies common to old age. The mentally retarded had more limitations than any other group, regardless of age—almost half had speech limitations, for instance.

11. About a third of the patients were disoriented sometimes as to time and place, of them about a fifth were disoriented most of the time. Disorientation was more common among psychiatric patients than others. Half the patients could assume no responsibility for money, about a fourth could be trusted with spending money only, and the remaining fourth could be trusted completely with money. The mentally retarded were the most limited; chronic disease patients, the least.

12. One patient out of 3 was assigned work in the institution, mostly in psychiatric institutions and in schools and homes for the mentally retarded. Most patients were not paid for working.

Institutional Care

13. In the week before the survey, over 4 out of 5 patients received medical service, 1 in 3 therapy, and about 1 in 3 psychiatric treatment. The mentally retarded received less treatment than the other types of patients.

14. Over half of all institutionalized adults lived in a room or ward with 10 or more other patients. Less than 1 in 10 had a room to himself. Mentally retarded patients had the least privacy; chronic disease patients, the most.

15. Half the patients were in institutions with at least 1 doctor for every 100 patients. The mentally retarded had the fewest doctors per patient. Federal institutions had more doctors per patient than State and local or private institutions. Half the patients lived in institutions with at least 1 employee for every 2 patients.

16. Most patients were in institutions that had employees available to assist in planning for discharge. About two-thirds were in institutions that provided care outside the institution before discharge, say, in halfway houses or foster family care. About two-thirds also had care available after discharge through outpatient clinics or referrals to another agency.

Family and Social Relationships

17. About 7 out of 8 institutionalized adults had relatives or friends. The most frequent kind of relative was brother or sister, reported for 2 out of 5 patients. Very few had minor children.

18. About half the patients with relatives or friends received visits at least once a month. The mentally retarded received the fewest visits; the chronic disease patients, the most. Persons 65 and over received more visits than persons under 65. Husbands or wives and adult children were more likely to visit patients than parents, brothers and sisters, or minor children. Most of the patients who had been in the institution less than a year, but less than a fourth of those in the institution over 19 years, had had visitors in the preceding month. Less than 1 patient in 4 had had leave in the last year. More mentally retarded than other patients, and more young than old patients, had had leave.

19. About three-fourths of the patients had lived with relatives before their admission to the institution; 1 out of 8 had lived alone. For all patients parents and brothers or sisters were more likely to have been members of the household than husbands

or wives or children, but older patients were more likely to have lived with husbands or wives and children.

20. Institutions reported that about two-thirds of the patients for whom they expected discharge were planning to live in their own homes and about a tenth were going to a nursing home, convalescent home, or a home for the aged. Relative respondents reported that about half the patients for whom they expected discharge would have the same living arrangements after discharge as before institutionalization, usually with the respondent.

Charges for Care

21. A third of the patients were not charged for institutionalized care, especially younger patients and patients in Federal institutions. OASDHI beneficiaries were more likely to be charged than nonbeneficiaries. The median charge, for those with charges, was \$200 a month.

22. About a fifth of the patients with charges paid reduced charges, usually because of their financial condition. Patients with regular income such as OASDHI benefits were more likely to have charges reduced, while persons without regular incomes were more likely than others to receive services without charge.

23. A fifth of all patients with charges had overdue charges on the institution's books. The median amount owed was \$1,500; beneficiaries and older patients averaged less than \$1,000. Nonbeneficiaries, younger patients, and mentally retarded patients with overdue charges owed a median of over \$2,000.

24. During the preceding month, funds were received by the institution for about half of all patients, usually as payment for care. The median amount received was \$150. The largest amounts were for patients in chronic disease facilities and the smallest for the mentally retarded.

25. About 1 patient in 5 aged 65 and over had hospital care paid for by Medicare during 1967, and 1 in 3 received reimbursement for medical care under the supplementary medical insurance (SMI) provisions.

Economic Resources

26. Income data were available only for patients with relative respondents who handled patient funds—less than a fourth of all patients. Among this fourth the mean income for nonmarried

patients was about \$1,200; for married patients, with husband's or wife's income included, the mean was \$4,400. The major sources of income were OASDHI benefits among the nonmarried, benefits and earnings among the married.

27. Three-fourths of the patients had less than \$100 in any kind of assets. Only 1 patient in 5 had any financial assets, with \$1,240 being the median value for those with assets. More married persons, beneficiaries, and aged persons had financial assets than patients in the other groups. Persons aged 65 and over, whose assets had a median value of \$1,800, had the largest amounts.

28. Slightly less than half the patients had money in accounts maintained for them by the institution. The median amount was \$61. OASDHI beneficiaries had the highest proportion with an account, and they also had the largest accounts. The mentally retarded and nonbeneficiaries had the least money in an account.

Financial Administrators

29. Slightly more than half the institutionalized adults had financial administrators, about half of whom were representative payees. Three out of 5 institutionalized beneficiaries had representative payees. Beneficiaries with representative payees had a median age of 61 years and, on the average, were at least 10 years older than other patients.

30. Institutions acted as administrators for 1 patient out of 3 but received funds regularly for only about 60 percent of these patients. The average amount received was \$89; higher amounts were received for those aged 65 and over and for beneficiaries than for those under 65 and for nonbeneficiaries, OASDHI benefits being the most frequent source. Two-thirds of all funds received were from public income-maintenance programs. Three-fourths of all funds received were used for treatment and care in the institution, 15 percent for the patient's personal needs.

31. Relatives reported acting as administrators for slightly less than a fourth of the patients, receiving a median of \$95 a month for those with funds. OASDHI benefits were by far the most frequent source: about half of all funds received were from this source. Half the aggregate income was used for care and treatment; a fifth, for the patient's personal needs.

32. Patients with representative payees had been institutionalized longer, were less mobile, were more likely to have a mental disorder, were more likely to be confused about their surroundings, and were less likely to be discharged than patients with other

kinds of administrators. Patients with no administrators were the least severely disabled.

33. Although most institutionalized adult patients had relatives or friends and about half received a visit at least once a month, patients with relative administrators were less socially isolated than other patients and had more visits and leave. Patients with the institution as administrator were more socially isolated than other patients.

34. About a third of the patients with representative payees, compared with a fifth of those with other kinds of administrators or no administrators, had assets of at least \$100 in value. Patients with representative payees were more likely to have funds held in an account by the institution, and the amount of such funds was higher for patients with representative payees than for other patients. Patients with representative payees were more likely to be charged for care than other patients, but they were also more likely to have their charges reduced and to have lower median charges.

CHAPTER 2

Institutional and Demographic Characteristics

DATA WERE OBTAINED on institutional characteristics such as type and size of institution and whether it was operated under public or private auspices. The standard demographic characteristics—age, sex, race, marital status, and education—were obtained for each patient. OASDHI benefit and earnings records were checked to determine the benefit status and employment experience of persons in the survey. Relatives and guardians were asked to give the patient's age at the onset of his disability and the length of his current and previous stays in an institution. The institutions provided information on the patient's prospects for discharge.

Institutional Characteristics

Approximately two-thirds of the adults in long-term medical care institutions in 1967 were in psychiatric hospitals or wards. About a sixth were in schools or homes for the mentally retarded, and the remaining sixth were in chronic disease facilities for disabilities other than mental (table 2.1 below). The proportion of persons in psychiatric facilities did not vary by age, but almost none of the residents of schools or homes for the mentally retarded were age 65 or older; and the proportion of persons in chronic disease facilities was much higher among the aged than among the younger patients (figure 1).¹

Chronic disease facilities include all long-term care hospitals or wards and all schools or homes other than psychiatric institutions or facilities for the mentally retarded. The distribution of patients among the types of institutions in this classification is shown in table 2.2. In this type of institution, patients aged 65 and over

¹ Data on institutional characteristics reflect the universe of patients rather than the universe of institutions. For example, the median number of patients does not indicate that half the institutions were larger, half smaller, than this number but that half the patients lived in larger, half in smaller, institutions.

TABLE 2.1.—Type of resident institution for institutionalized adults aged 18 and over, fall 1967, by patient's age

Type of institution	All patients		Aged 18-64		Aged 65 and over	
	Number (in thou- sands) ¹	Percent	Number (in thou- sands)	Percent	Number (in thou- sands)	Percent
Total	648	100.0	460	100.0	181	100.0
Psychiatric hospital or ward	422	65.1	299	65.1	117	64.5
Institution for the mentally retarded	111	17.2	107	23.2	4	2.1
Chronic disease hospital	115	17.7	54	11.7	61	33.4

¹ Includes 7,000 whose age was not reported.

differed from patients under 65 in having several times as many persons in unspecified chronic disease hospitals, only about a third as many in tuberculosis institutions, and almost none in schools and homes for the blind and deaf.

Three-quarters of the institutionalized adults were in long-term hospitals (table 2-A, end of chapter). About a sixth were in schools or homes for the mentally or physically handicapped; those in institutions for the mentally retarded made up almost all of this group. The remainder—7 percent—were in long-term wards of short-stay hospitals. Most of the persons in wards were patients in chronic disease facilities. None of the mentally retarded and less than 3 percent of the persons in psychiatric institutions were in long-term wards, but almost a third of the patients in chronic disease facilities were.

Over 5 out of 6 adults in long-term medical care institutions resided in institutions that were operated by State or local governments (figure 2). One out of 10 was in Federal institutions.

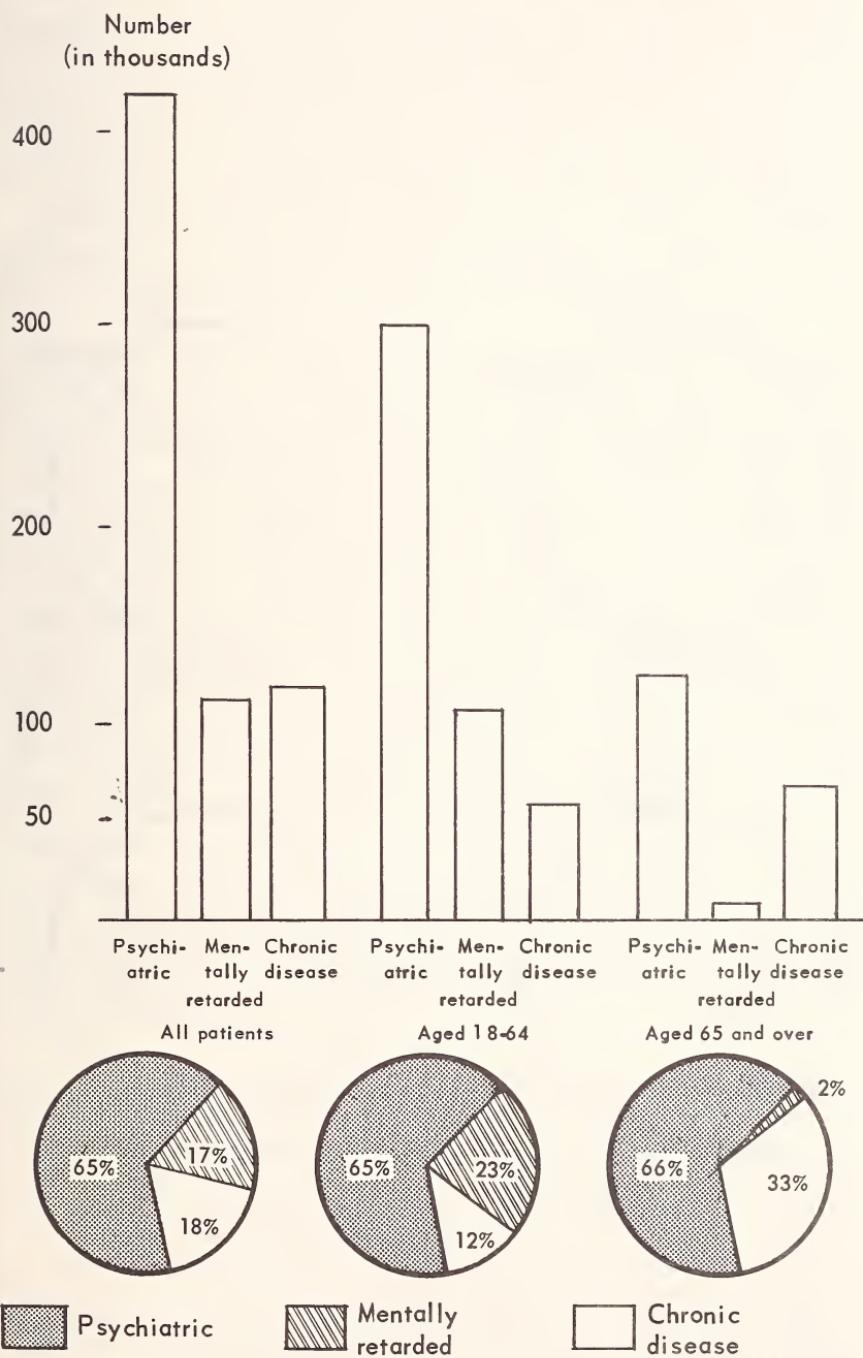
TABLE 2.2.—Type of institutions included in chronic disease hospital classification by patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967¹

Type of institution	All patients	Aged 18-64	Aged 65 and over
Total number (in thousands)	115	54	61
Total percent	100.0	100.0	100.0
Chronic disease (unspecified)	28.8	13.5	42.4
Tuberculosis	17.8	27.4	9.1
General hospital	16.6	17.1	16.0
Rehabilitation	7.5	11.1	4.3
Homes and schools for the blind or deaf	3.5	7.3	(*)
Extended care wards and geriatric hospitals	25.8	23.4	28.1

¹ Excludes residents of psychiatric institutions or institutions for the mentally retarded.

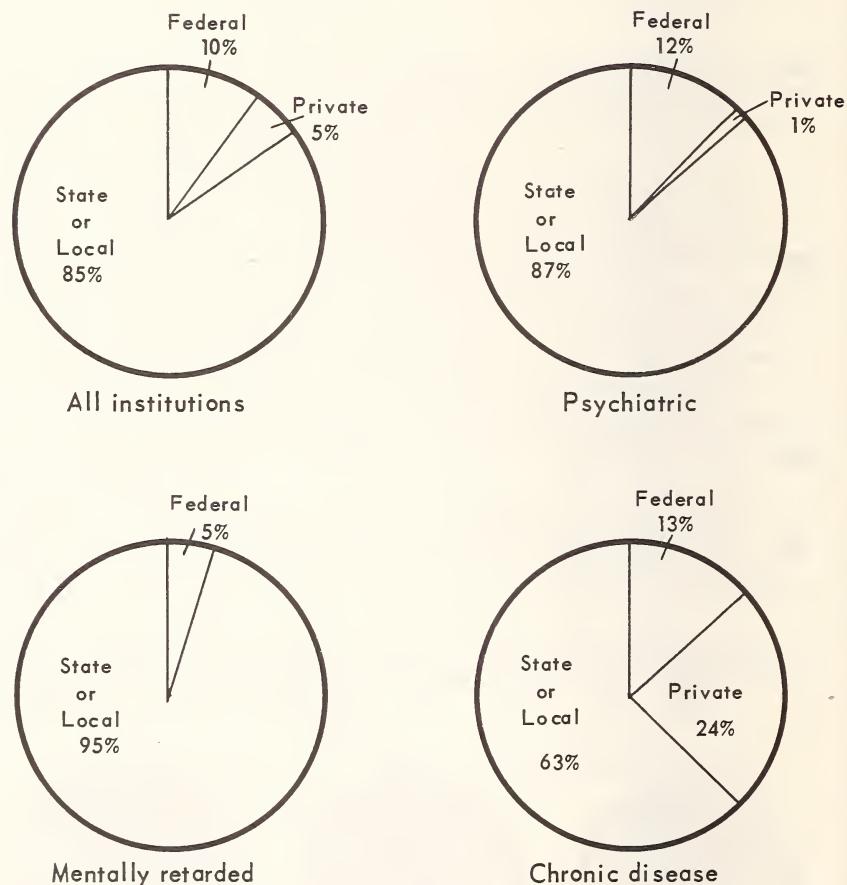
² Less than 0.5 percent.

FIGURE 1.—Number and proportion of institutionalized adults aged 18 and over, fall 1967, by type of institution and age



Source: Table 2.1

FIGURE 2.—Proportion of institutionalized adults in State or local, Federal, or private institutions, fall 1967, by type of institution



Source: Table 2-A

Only 1 in 20 was in a private institution. Persons in chronic disease facilities were least likely to be in a public institution: 1 out of 4 in a private institution. Persons aged 65 and over, of whom an eighth were in a private institution, were much more likely to be cared for under private auspices than the patients under 65. Most of the patients in Federal institutions were in Veterans Administration (VA) hospitals. Approximately a fourth of all institutionalized men were veterans, but there was little difference by age in the proportion of veterans and nonveterans (table 2.3).

Institutional size was measured by the number of long-term patients and by the number of beds. Though only patients in long-term wards were counted, beds in both short-stay and long-term wards were included.

Most psychiatric and mentally retarded patients lived in large institutions with a median of about 1,900 patients (table 2-B). This was also the median institutional size for patients in State and local institutions, which housed most of the psychiatric and mentally retarded patients. The median number of patients in chronic disease facilities was 245, of whom almost 30 percent were in institutions of less than 100. Federal institutions had a median of about a thousand patients. Private institutions were much smaller than all other types, having a median of less than 85 patients. Chronic disease and private facilities had fewer patients partly because more of these patients were in the long-term wards of short-stay hospitals rather than in institutions serving only long-term patients. Patients aged 65 and older were more likely to be in smaller institutions, although there was little difference if they were in psychiatric or Federal institutions (table 2.4).

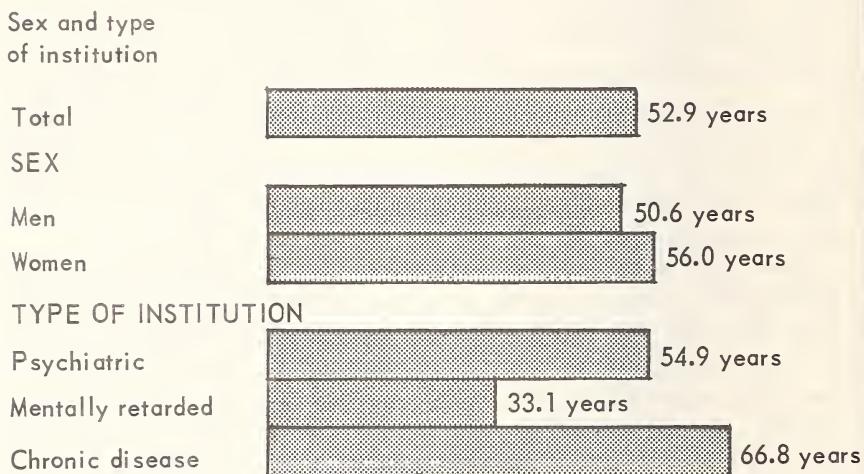
Because the number of beds was recorded for the entire institution even though only part of the institution provided long-term care and because of unoccupied beds and patients on leave, the median number of beds was several hundred more than the median number of patients.

TABLE 2.3.—Veteran status by age: Percentage distribution of institutionalized adult aged 18 and over, fall 1967

Veteran status	All patients ¹	Aged 18-64	Aged 65 and over
Total number (in thousands) --	350	265	82
Total percent -----	100.0	100.0	100.0
Veteran -----	25.5	25.7	25.5
Nonveteran -----	64.7	66.4	59.9
Not reported -----	9.7	7.9	14.6

¹ Includes 3,000 whose age was not reported.

FIGURE 3.—Median age of institutionalized adults aged 18 and over,
fall 1967, by sex and type of institution



Source: Table 2.5

TABLE 2.4.—Median number of patients and of beds in resident institutions of institutionalized adults aged 18 and over, fall 1967, by type and ownership of institution and patient's age

Type and ownership of institution	Aged 18-64		Aged 65 and over	
	Median number of patients	Median number of beds	Median number of patients	Median number of beds
Total	1,770	2,015	1,270	1,595
Type of institution				
Psychiatric hospital or ward	1,960	2,160	2,015	2,205
Institution for mentally retarded	1,820	2,415	(¹)	(¹)
Chronic disease facility	355	705	170	405
Ownership				
State or local	1,960	2,320	1,590	1,875
Federal	1,030	1,410	1,105	1,405
Private	90	385	75	180

¹ Not shown where base is less than 10,000.

Data on type and size of institution summarized in the discussion above indicate clearly the predominance of mental over physical disorders, large over small institutions, and government-operated over privately operated facilities in the institutional population of the United States in 1967.

Age, Sex, and Marital Status

The median age of adults in long-term medical care institutions in the fall of 1967 was 53 years, but there were sharp differences in age by type of institutions (table 2-C). Almost all residents of schools or homes for the mentally retarded were under age 65, their median age being 33 (figure 3). Over half the patients in chronic disease facilities were 65 or over, their median age being almost 67. The residents of psychiatric institutions, comprising almost two-thirds of all the institutionalized, had a median age of 55, and slightly more than a fourth were aged 65 and over. Comparing patients in psychiatric and chronic disease hospitals, the greatest difference in age was among those aged 65 and over; there was little difference in the median age of the patients under 65 (table 2.5). Institutionalized women averaged a few years more than men in age.

There were more men than women patients in long-term medical care institutions: the proportions were about the same for all types of institutions (table 2-D). The preponderance of men over women in the total number of patients was concentrated in the under-65 group, however; among patients 65 and older there was

TABLE 2.5.—Median age of institutionalized adults aged 18 and over, fall 1967, by patient's age and sex and type of institution

Age	Total	Sex		Type of institution		
		Men	Women	Psychi- atric	Mentally retarded	Chronic disease
All patients -----	52.9	50.6	56.0	54.9	33.1	66.8
18-64 -----	45.3	44.6	46.3	48.3	32.2	46.1
65 and over -----	over 75	74.3	over 75	73.7	(¹)	over 75

¹ Not shown where base is less than 10,000.

a higher proportion of women. The difference in the proportion of patients by sex was especially pronounced in the under-65 patients in chronic disease facilities, where women made up less than a third (table 2.6).

Persons of races other than white made up about a sixth of the institutionalized patients—slightly higher than the proportion in the general population. The proportion of such patients in facilities for the mentally retarded was much lower, at about 1 in 12, than the proportions in the other types of institutions. With the exception of the mentally retarded, most of whom were under age 65, the proportion of patients of races other than white among the aged was only about half as high as among the younger patients (table 2.6).

Slightly less than a fifth of the institutionalized were married at the time of the survey, about 1 out of 8 was widowed, and 1 out of 8 was divorced or separated. Over half had never been married (figure 4). These proportions set the institutionalized off sharply from the general population and from disabled persons

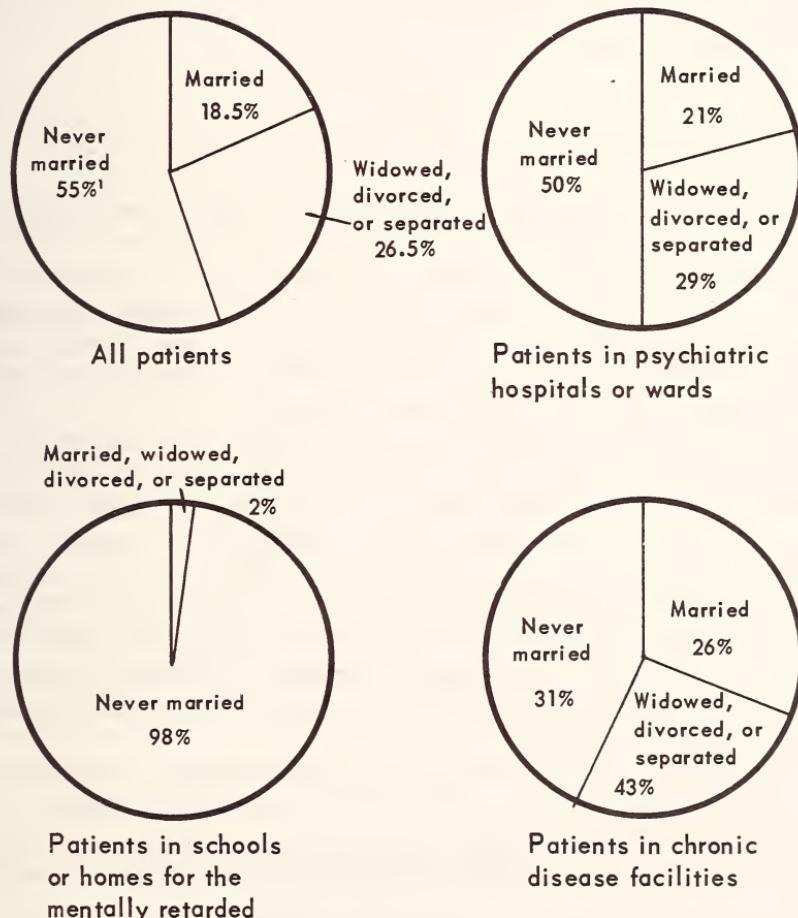
TABLE 2.6.—Sex and race of institutionalized adults aged 18 and over, fall 1967, by patient's age and type of institution

Sex and race	Aged 18-64			Aged 65 and over ¹	
	Type of institution			Type of institution	
	Psychi- atric	Mentally retarded	Chronic disease	Psychi- atric	Chronic disease
Total number (in thousands) -----	299	107	54	117	61
Total percent -----	100.0	100.0	100.0	100.0	100.0
Sex					
Men -----	57.2	53.3	68.5	45.2	45.4
Women -----	42.8	46.7	31.5	54.8	54.6
Race ²					
White -----	79.3	91.9	80.5	88.6	89.8
Other than white -----	20.5	7.9	18.5	11.4	10.1

¹ Residents of institutions for the mentally retarded omitted—only 4,000 cases.

² Persons with race not reported omitted.

FIGURE 4.—Marital status of institutionalized adults aged 18 and over, fall 1967: Proportion married; never married; and widowed, divorced or separated, by type of institution



¹Includes 1 percent not reported

Source: Table 2-D

outside institutions, among whom the proportion who had never been married was small.²

The proportion of patients who had never been married among all institutionalized persons was higher because almost all the mentally retarded had never been married. The proportion of psychiatric patients who had never been married was slightly less than half, and the proportion of "never married" among persons in chronic disease facilities was less than a third. More persons in chronic disease facilities than in psychiatric institutions were married and considerably more were widowed. Persons aged 65 and over were much more likely to be widowed than younger patients and much less likely to have never been married.

The data on age and marital status suggest that psychiatric patients, the mentally retarded, and chronic disease patients represent three rather distinct populations.

OASDHI Beneficiary Status

About a sixth of the institutionalized adults were disability insurance beneficiaries and a fifth were receiving either old-age or dependents' benefits—a total of 37 percent for all beneficiaries (table 2-E). Disabled workers made up slightly more than half the disability beneficiaries; childhood disability beneficiaries made up the remainder. Among the other beneficiaries most were drawing old-age rather than dependents' benefits.

Beneficiary status differed sharply by age. The proportion of beneficiaries was about a fourth among the under-65, almost all of whom were receiving old-age or dependents' benefits. Seven out of 10 of the older patients were beneficiaries—almost three times as many as among the under-65—and almost all of them were receiving old-age or dependents' benefits. Chronic disease facilities had a higher proportion of beneficiaries than the other types of institutions, undoubtedly because of the higher proportion of aged patients in them. Older persons, of course, had greater employment experience.

Less than a fifth of the patients were definitely classified as nonbeneficiaries. The remaining 45 percent were classified as "beneficiary status unknown" because it was not possible to rule out completely the possibility of entitlement to OASDHI benefits.

² About 15 percent of all severely disabled noninstitutionalized persons aged 18-65, compared to 63 percent of the institutionalized persons of the same age level, had never been married. See Lawrence D. Haber and Philip Frohlich, "The Severely Disabled in the Institutionalized and Noninstitutionalized Population," 1966 *Social Security Survey of Disabled Adults* (Washington: Social Security Administration, Office of Research and Statistics, November 1970), Report No. 14.

It is probable, however, that most of the institutionalized persons of unknown beneficiary status were not receiving benefits.³

More than half of all types of beneficiaries except those disabled as children were in psychiatric institutions, disabled workers having the highest proportions—4 out of 5 (table 2-F). One of 3 disabled patients with a childhood disability was also in a psychiatric institution, but almost all the rest were in schools or homes for the mentally retarded. Retired workers had the highest proportion—45 percent—in chronic disease facilities, about a third of whom were drawing dependents' and special age-72 benefits. A fifth of the disabled workers were also in this type of institution.

Eighty percent of all institutionalized beneficiaries were in State and local institutions, ranging from 70 percent of the disabled workers to 96 percent of the childhood disability beneficiaries. Over a fourth of the disabled workers and a tenth of the retired workers, but almost none of the other types of beneficiaries, were in Federal hospitals. Though very few of the disabled workers or childhood disability patients were in private hospitals, from 10 to 20 percent of the other types were.

Demographic Characteristics by Beneficiary Type

The requirements of the different benefits for which these patients had qualified separated them sharply by age. Disabled-worker benefits were limited to persons under age 65; the median age of institutionalized disabled workers was 51 (table 2-G). Childhood disability benefits were limited to persons with disabilities that began in childhood; their median age was 39. Retired workers could not be younger than 62, and the special age-72 beneficiaries had to be at least 72, of course. These two types and persons drawing dependents' benefits, most of whom had to be at least age 62 to qualify, had median ages of 75 or older.

The covered employment requirements for disabled-worker and retired-worker benefits, but not for the other types, probably affected the sex ratio of the types of beneficiaries. Over four-fifths of the disabled workers and three-fifths of the retired workers

³ A resident of an institution was classified as a beneficiary if he was in beneficiary status and had received a benefit for any month up to and including October 1967. A person who had qualified for benefits but had received none because he was drawing public assistance and a person who had qualified for health insurance or supplementary medical insurance but not for monthly benefits were not classified as beneficiaries. A patient was classified as a nonbeneficiary only if it was established that he had not drawn a benefit check on his own, a spouse's, or a parent's account. The remainder were classified as beneficiary status unknown. The detailed identification information required for a thorough check of all possibilities was often not available from the institution or relative.

were men, but almost all dependents and two-thirds of the age-72 beneficiaries were women. Although the racial composition of beneficiaries as a whole was about the same as in the general population—slightly more than 10 percent were not white—persons of races other than white made up a disproportionately larger percentage of disabled workers and a disproportionately smaller percentage of childhood disability beneficiaries in institutions. A fifth of all beneficiaries were married, but very few of the special age-72 and almost none of the childhood disability beneficiaries were married at the time of the survey. Forty percent of all institutionalized beneficiaries had never been married, but almost all dependents, most of whom qualified as beneficiary wives or widows, and almost no childhood disability beneficiaries had been married.

Although the median current length of stay in the institution was about 5 years for all beneficiaries, childhood disability and special age-72 beneficiaries had been in the institution more than twice this long (table 2-H). Disabled workers were the least restricted in mobility of the types of beneficiaries, and over 1 out of 5 were permitted to leave the institution unaccompanied. The proportion with this privilege was under 7 percent for all other types, and only 1 age-72 beneficiary out of 50 was able to leave unaccompanied. Disabled workers were also less likely than other types to be confused about surroundings and more likely to be able to manage income.

Disabled workers were more likely to be discharged from the institution than other beneficiaries. Relative respondents reported that 1 out of 5 disabled workers was no longer in the institution in the summer of 1968; childhood disability and special age-72 beneficiaries were least likely to be discharged (table 2-I). Disabled workers also had slightly more education than other patients. Childhood disability beneficiaries, many of whom were mentally retarded, had little formal education. The fact that disabled workers were less restricted and apparently less disabled than other types of beneficiaries was probably due to the age restriction of under 65 for this type of benefit.

Program Characteristics by Beneficiary Type

Monthly benefits averaged \$68 for all beneficiaries, ranging from \$94 for disabled workers to \$35 for special age-72 beneficiaries (table 2-J). The average amount for each type of beneficiary was about 10 percent higher than for all benefits of that type in force at the end of 1967, with the exception of the special age-72 benefits. Institutionalized beneficiaries had been entitled

for a median of 6 years; persons drawing retired-worker benefits averaged almost 10 years. The two worker beneficiary types averaged over 9 years (35 quarters) of covered employment; very few of the other beneficiaries had any covered employment, and those that did averaged no more than 2 years.⁴ About 1 out of 5 retired workers and 1 out of 8 dependents were drawing reduced benefits because of early retirement. Over 60 percent of all beneficiaries in institutions had representative payees, ranging from almost all of the childhood disability beneficiaries to a little less than half of the retired workers and dependents.

Education and Employment Experience

Two institutionalized patients out of 5 had completed less than 8 years of school (2-K). About 3 out of 10 had 1 or more years of high school, and less than 7 percent had 1 or more years of college. The median years completed was 8. There was little difference in the educational level of patients in psychiatric institutions and in chronic disease facilities, both having a median of 8 years, but the mentally retarded had very little formal education. Although there was no difference in the median years of school completed by the under-65 and the 65-and-over patients, the fact that most of the mentally retarded were under 65 obscured the greater education of the other under-65 patients (table 2.7). Married patients had considerably more education than nonmarried patients because, undoubtedly, most of the mentally retarded were nonmarried.

Relatives and guardians reported that only a little more than

TABLE 2.7.—Last year of schooling completed by institutionalized adults aged 18 and over in psychiatric and chronic disease facilities, fall 1967, by age

Years of schooling completed	Aged 18-64	Aged 65 and over
Total number reporting (in thousands) ¹ -----	207	103
Total percent -----	100.0	100.0
Less than 8 -----	29.1	27.1
8 -----	14.7	21.5
1 or more of high school -----	35.9	16.1
1 or more of college -----	8.5	7.7
Not reported -----	11.8	27.6
Median years -----	9	8

¹ Data obtained from relative or guardian. See footnote 1, tables 2-I and 2-K.

⁴ Although almost no age-72 beneficiaries and only 12 percent of the dependent beneficiaries had covered earnings, relative respondents reported that 50 percent of the age-72 and 40 percent of the dependents had been employed at some time (table 2-I). Relatives, however, were not aware of the employment of some disabled and retired workers.

TABLE 2.8.—Proportion of institutionalized adults aged 18 and over with previous employment experience by marital status and sex, summer 1968

Marital status and sex	Total number reporting (in thousands) ¹	Percent with previous employment
Married men -----	41	91
Married women -----	32	63
Single men -----	167	53
Single women -----	148	40

¹ Data obtained from relative or guardian.

half the institutionalized adults had ever been employed, ranging from 7 percent among the mentally retarded to 66 percent of the chronic disease patients (table 2-L). In comparison, 86 percent of severely disabled noninstitutionalized persons in the general population had been employed at some time in their lives.⁵

Among the institutionalized adults, more persons aged 65 and over than those under 65 and more men than women had been employed. Married persons had more employment experience than single persons, and married men had considerably more work experience than any other group—over nine-tenths had worked (table 2.8).

For those for whom the last year of employment was given, over twice as many had not worked for 10 years or more as had worked recently (in 1966 or 1967), although among chronic disease patients these proportions were about equal. The last employment had most frequently been in a clerical or service occupation or as an operative (table 2-M). These three kinds of occupations were especially predominant among women who had worked. Men were more likely to have worked as craftsmen and laborers or operatives than in any other occupations. About twice as many women as men had been employed last in professional or technical fields.

Social security earnings records showed lower proportions with previous employment than these study data because the records reflect only earnings from covered employment. Generally, 3 out of 5 institutionalized persons had worked in covered employment at some time; their median length of employment totaled 20 quarters—approximately 5 years (table 2-N). The mentally retarded had very little covered employment. Patients in chronic disease facilities, over 60 percent of whom had covered earnings, had the longest work experience, averaging over 9 years. About half the institutionalized men, but less than a third of the women, had

⁵ See Lawrence D. Haber, "The Disabled Beneficiary—A Comparison of Factors Related to Benefit Entitlement," 1966 *Social Security Survey of Disabled Adults* (Washington: Social Security Administration, Office of Research and Statistics, June 1969), Report No. 7.

TABLE 2.9.—Covered employment under social security by age: Percentage distribution of institutionalized nonbeneficiary adults aged 18 and over, fall 1967

Covered employment	All non-beneficiaries	Aged 18-64	Aged 65 and over
Total number (in thousands) ¹	407	347	55
Total percent	100.0	100.0	100.0
None	66.8	62.5	90.1
1-19 quarters	22.5	24.9	9.2
20-39 quarters	4.9	5.8	—
40-59 quarters	2.8	3.3	(^a)
60 or more	3.1	3.5	.5

¹ Includes patients with beneficiary status unknown.

^a Less than 0.5 percent.

covered earnings. Men averaged almost twice as much time in covered employment as women.

As already shown (table 2-J and page 20), the covered employment experience of OASDHI beneficiaries varied by the type of benefit. Two-thirds of the nonbeneficiaries had no covered employment, but almost 6 percent had at least 40 quarters, and 5 percent had 20 to 39 quarters (table 2.9). Almost all the nonbeneficiaries with extensive covered employment were aged 18-64; 1 out of 8 in this group had at least 20 quarters—enough to have qualified for disability benefits if earned within the 10 years before the disability began. These figures indicate that a considerable number of institutionalized adults—probably between 30,000 and 40,000—met the insured status requirements for disability insurance but were not beneficiaries. There were no data to indicate exactly why these persons were not beneficiaries. Some were probably not aware of the program, and others had been disabled too recently to qualify, to cite two possible examples.

Reasons for Institutionalization

The major reason for institutionalization was the patient's disability and the limitations it placed on him (chapter 3). There were also social reasons for institutionalization—the circumstances that led relatives and guardians to reject home care.

The most common reasons, each given for about 3 out of 8 patients, were the need for permanent care not possible at home, the need to be watched and looked after more carefully than was possible at home, and the need for medical and nursing care (table 2-O). Though these were the major reasons cited for both patients above and below age 65, more of those 65 and over needed medical and nursing care than those under 65 because there was no one to look after them at home.

Different reasons were cited more frequently for patients in the different types of institutions. Over a third of the mentally retarded, but very few other kinds of patients, were institutionalized for special training. Twice as many psychiatric patients and three times as many chronic disease patients as mentally retarded patients needed medical and nursing care. The chronic disease patients were institutionalized much less frequently than other patients because they were too hard to handle or had to be watched and looked after more carefully than was possible at home.

The reason most frequently given by relatives or guardians for choosing the particular institution in which the patient resided was a doctor's recommendation, a reason mentioned by 40 percent of those reporting. Next most frequent reasons were recommendations by agency or court, "nearest to home," and "care without charge." "Recommended by family or friends" and "only institution providing care" were less frequently cited than other reasons. Reasons differed little by age or type of institution except that "recommended by agency or court" was less frequently cited for chronic disease patients or for the aged.

Age at Onset and Length of Stay

Data on age at onset of disability are inadequate because of the large number not reported, but they indicate that at least a fourth, perhaps considerably more, of the institutionalized adults were under age 18 when they became disabled (table 2-P). Age at onset differed considerably by type of institution; almost all of the mentally retarded, but very few of the chronic disease patients, were disabled before 18. Although comparative averages are not very feasible because of the cases in which the specific age was not reported, the data indicate that patients in psychiatric institutions had become disabled at a much younger age than patients in chronic disease facilities.

The data on duration of disability and on length of stay in the institution also indicate that persons in chronic disease facilities not only had become disabled later but also had been disabled for shorter periods than residents of the other two types of institutions. The median duration of disability for those for whom data are available was 12 years for psychiatric patients, compared with about 4 years for patients in chronic disease facilities.

The average patient had been institutionalized in the same place for almost 6 years; almost 2 out of 5 had a current stay of at least 10 years, and over 1 out of 5, a current stay of 20 years or more (table 2-Q). The differences between psychiatric, mentally

retarded, and chronic disease patients were especially sharp here. The mentally retarded had a median current stay of almost 15 years; psychiatric patients, 6 years; and patients in chronic disease facilities, less than a year. Although there was no difference in median duration of disability between patients under 65 and patients 65 and older, the younger group had a current length of stay 2 years longer than the older. The length of current stay was also related to OASDHI beneficiary status; beneficiaries had a median stay 3 years shorter than nonbeneficiaries.

Total time in all long-stay institutions (table 2-R) was approximately 2 or 3 years longer than the median current stay, but the relationship between the type of institution and length of stay was the same as for the current stay. The aged, with a median of almost 5 years, had spent half as long in institutions as the under-65 patients (figure 5). These data also show a close relationship between marital status and time spent in institutions. Married persons had spent a median of less than 3 years in an institution; the nonmarried had been institutionalized a median of 11 years. Residents of Federal hospitals had been institutionalized twice as long, and residents of State and local institutions three times as long as patients in private facilities.

Previous Institutional Stays and Expectation of Discharge

The above data summarize information about length of current and all stays. For almost half the institutionalized adults, the current stay was the only period of long-term institutionalization (table 2-S). A sixth had had a previous stay in the same institution. The remaining third had been in an institution other than the current one. Persons in psychiatric institutions were more likely to have had previous stays than the mentally retarded or persons in chronic disease facilities.

Not only had most institutionalized persons been in the same institution for several years, but also for most of them the immediate prospects for discharge were poor. The institutions expected that 1 out of 10 patients would be discharged within 6 months, and that discharge was possible for another tenth (table 2-T). Only 6 percent of the patients in facilities for the mentally retarded and a third of the patients in chronic disease facilities were rated as possibly or likely to be discharged. Those over 65 had less likelihood of discharge than those under 65. The frequency of leave was similar to the prospects of discharge; only about a sixth of the patients had been on leave more than once during the preceding year, and almost 4 out of 5 had had no leave during this period (table 2-U). Older patients had had considerably less leave

FIGURE 5.—Median total time spent in long-stay institutions,
by specified characteristic: Institutionalized adults
aged 18 and over, fall 1967

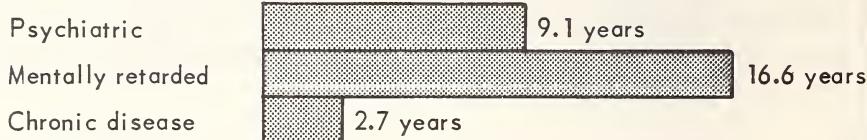
Characteristics



Age



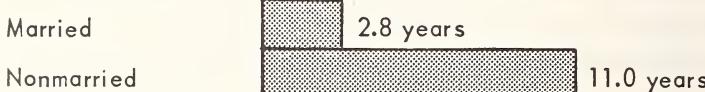
Type of Institution



Ownership



Marital Status



Source: Table 2-R

than younger patients. Patients in institutions for the mentally retarded, although their prospects for discharge were considerably less, had more leave than residents of other types of institutions.⁶

Data from relatives and guardians were collected approximately 9 months after the data collection from institutions.⁷ Information was, therefore, available for deaths, discharges, and transfers in the year following the institution survey. The discharge rate for those reporting was close to the expectations reported in table 2-N. About 9 months after the survey period, 1 person out of 6 was no longer in an institution, but the proportion varied widely by age, type of institution, ownership of institution, and marital status (table 2-V). Married patients, patients in chronic disease facilities, and patients in Federal institutions were more likely to have been discharged than other patients. Over a third of the married patients had been discharged. The aged had less than half the discharge rate of patients under age 65, and the mentally retarded had the lowest discharge rate of all groups: 2 percent.

Five percent of the patients died during the year after the survey, mostly aged patients (13 percent of all patients over 65). Chronic disease facilities and private institutions, having larger proportions of aged patients, also had a higher proportion of deaths in the years after the survey than other facilities.

Over 70 percent of the patients had neither died nor been discharged nor been transferred during the year following the survey and were in the same institution. Institutions for the mentally retarded had the highest proportion—93 percent—remaining; chronic disease facilities had the lowest: 49 percent. Patients were more likely to remain in the same State or local institution than in the same Federal or private institution; nonmarried patients were much more likely to remain than married patients.

Data on employment, age at onset of disability, length of stay, and likelihood of discharge provide further evidence that patients in the three major types of institutions represent three different populations.

⁶ Patients are frequently given one or more trial visits to their homes before discharge. The fact that patients on extended leave at the time of the survey were excluded from the universe undoubtedly reduced the proportion of patients for whom discharge was expected while increasing the proportion for whom the prospects of either leave or discharge were low.

⁷ Although collected later and from a smaller universe, the data from relatives and guardians showed almost the same distribution on basic variables as the institutional data. Table G-2, appendix A, page 157, compares data from the two sources.

TABLE 2-A.—Hospital status and ownership by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967.

Hospital status and ownership	All patients			Aged 18-64			Aged 65 and over		
	Total	Psychiatric hospital or ward	Institution for mentally retarded	Total	Psychiatric hospital or ward	Institution for mentally retarded	Total ²	Psychiatric hospital or ward	Chronic disease hospital
Total number (in thousands)	³ 648	422	111	115	460	299	107	54	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital status									
Long-term hospitals	75.1	97.4	—	65.8	71.3	97.0	—	69.5	84.4
Long-term wards in short-stay hospitals	7.1	2.6	—	30.6	4.6	3.0	—	23.1	13.4
Homes or schools for the mentally or physically handicapped	17.8	—	100.0	3.5	24.1	—	100.0	7.3	2.2
Ownership									
State or local government	84.6	87.6	95.3	62.8	86.8	95.4	69.4	80.2	91.7
Federal	9.9	11.6	—	13.2	11.0	13.2	20.4	7.5	57.0
Private	5.7	.7	4.7	24.0	2.7	.7	4.6	10.2	6.8
									36.3

¹ Nursing homes not included in this survey.

² Includes 4,000 persons in institutions for the mentally retarded.

³ Includes 7,000 age not reported.

⁴ Less than 0.5 percent.

TABLE 2-B.—Number of patients and of beds by type and ownership of institution: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Number of patients and of beds ¹	Total	Type of institution ²			Ownership of institution		
		Psychiatric	Mentally retarded	Chronic disease	State or local	Federal	Private
Total number (in thousands)	648	422	111	115	548	64	36
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 100 patients	5.8	.8	.8	29.3	2.8	3.7	55.5
100-499	11.1	7.5	2.3	32.7	10.4	6.2	30.8
500-1,499	27.2	27.2	34.4	20.0	24.3	63.0	7.6
1,500-2,499	23.4	25.0	30.7	10.6	25.4	20.4	—
2,500-4,999	19.1	20.7	29.7	2.9	22.6	—	—
5,000 or more	10.0	15.0	1.2	—	11.0	6.5	6.2
Not reported	3.3	3.7	1.0	4.4	3.6	—	—
Median number of patients in hospital or ward	1,665	1,985	1,830	245	1,915	1,045	85
Median number of beds in entire institution	1,900	2,155	2,445	720	2,185	1,410	215

¹ Number of patients in hospital, school, or ward, excluding those on extended leave.

² Nursing homes excluded.

TABLE 2-C.—Patient's age by type of institution: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Patient's age	Total	Type of institution		
		Psychi- atric	Mentally retarded	Chronic disease
Total number (in thousands) -----	648	422	111	115
Total percent -----	100.0	100.0	100.0	100.0
18-64 -----	71.0	71.0	96.1	47.1
18-24 -----	8.3	3.4	28.0	7.2
25-34 -----	11.8	9.4	26.3	6.3
35-44 -----	14.8	15.5	18.4	8.9
45-54 -----	18.3	21.4	14.7	10.9
55-64 -----	17.8	21.3	8.6	13.6
65 and over -----	28.0	27.7	3.5	52.8
65-69 -----	7.1	8.2	1.9	8.1
70-74 -----	6.3	7.4	1.1	7.8
75 and over -----	14.5	12.1	.5	36.9
Not reported -----	1.0	1.3	.5	(¹)
Median in years -----	52.9	54.8	33.0	66.8

¹ Less than 0.5 percent.

TABLE 2-D.—Selected demographic characteristics by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Selected characteristics	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands) -----	648	422	111	115	460	181
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
Sex						
Men -----	54.0	53.6	53.0	56.3	57.5	45.2
Women -----	46.0	46.4	47.0	43.7	42.5	54.8
Race						
White -----	83.9	81.4	92.1	85.4	82.4	89.2
Other than white -----	16.1	18.6	7.9	14.6	17.6	10.8
Marital status						
Married -----	18.5	21.1	(¹)	26.3	17.6	20.6
Widowed -----	13.7	12.7	.8	30.0	4.6	37.0
Divorced -----	8.1	10.1	(¹)	8.8	8.8	6.9
Separated -----	4.5	5.8	(¹)	4.1	4.8	3.8
Never married -----	54.1	49.1	97.9	30.1	63.4	30.8
Not reported -----	1.0	1.2	.5	.7	.9	1.0

¹ Less than 0.5 percent.

TABLE 2-E.—OASDHI beneficiary status by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Beneficiary status	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-65	65 and over
Total number (in thousands) ---	648	422	111	115	460	181
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
OASDI beneficiaries ---	37.1	34.0	28.0	57.0	24.6	69.9
Disability -----	16.8	15.3	27.1	12.2	23.5	.5
Worker -----	9.4	11.4	(¹)	10.7	13.1	(¹) (²)
Childhood -----	7.4	3.9	26.8	1.5	10.4	(¹)
Other OASDI -----	20.2	18.7	.8	44.7	1.1	69.5
Retired -----	10.8	9.0	(¹)	27.7	(¹)	37.8
Dependent -----	4.5	4.5	—	8.8	.8	14.1
Special age-72 -----	4.9	5.2	.7	8.2	—	17.6
Other than beneficiaries	53.0	66.0	72.0	48.0	75.4	30.1
Nonbeneficiaries -----	18.0	20.1	5.7	22.1	14.9	25.9
Beneficiary status unknown -----	45.0	45.9	66.3	20.9	60.5	4.2

¹ Less than 0.5 percent.

² Worker's disability benefits are converted to old-age benefits at age 65. These cases represent either a discrepancy between institutional and SSA records on age or a lag in converting the records.

TABLE 2-F.—Type of benefit by type and ownership of institution: Percentage distribution of institutionalized OASDHI beneficiaries aged 18 and over, fall 1967

Type of ownership of institution	All beneficiaries	Type of benefit				
		Disabled workers	Child- hood dis- ability	Retired workers	Depend- ents	Special age-72
Total number (in thousands) ---	240	61	48	70	29	32
Type of institution						
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
Psychiatric hospital or ward -----	59.9	79.3	34.5	54.4	65.4	67.9
School or home for the mentally retarded -----	12.9	.6	61.9	(¹)	(¹)	2.6
Chronic disease hospital -----	27.2	20.1	3.6	45.4	34.4	29.5
Ownership of institution						
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
State or local government -----	80.2	70.6	95.9	74.8	81.1	86.0
Federal Government -----	10.6	27.3	.8	10.6	(¹)	3.5
Private -----	9.1	2.2	3.3	14.5	18.6	10.4

¹ Less than 0.5 percent.

TABLE 2-G.—Specified demographic characteristics of institutionalized OASDHI beneficiaries aged 18 and over, fall 1967, by type of benefit

Specified characteristics	All beneficiaries	Type of benefit				
		Disabled workers	Child-hood disa-bility	Retired workers	Depend-ents	Special age-72
Total number (in thousands) ---	240	61	48	70	29	32
Percent who were:						
Men -----	54.8	83.1	52.8	63.3	1.0	34.1
Other than white -----	11.3	18.6	5.9	10.8	7.3	10.0
Married -----	21.7	32.0	(¹)	27.0	36.8	9.5
Never married -----	40.0	33.4	95.7	22.7	1.5	42.3
Median age in years -----	66.7	51.3	38.6	75 or over	75 or over	75 or over

¹ Less than 0.5 percent.

TABLE 2-H.—Length of current stay and specified limitation characteristics of institutionalized OASDHI beneficiaries aged 18 and over, fall 1967, by type of benefit

Beneficiary characteristics	All beneficiaries	Type of benefit				
		Disabled workers	Child-hood disa-bility	Retired workers	Depend-ents	Special age-72
Total number (in thousands) ---	240	61	48	70	29	32
Median total time in current institution (in years) -----	4.9	4.0	12.8	2.9	3.9	11.9
Percent:						
Who can leave the institution unaccompanied -----	9.4	21.9	5.9	6.4	4.6	2.1
With no confusion about surroundings -----	59.9	75.5	70.4	51.0	51.1	42.0
Who can manage own income -----	23.6	40.4	7.5	25.8	25.3	9.7

TABLE 2-I.—Specified characteristics of institutionalized beneficiaries aged 18 and over, summer 1968, by type of benefit

Beneficiary characteristics	All beneficiaries	Type of benefit				
		Disabled workers	Child-hood dis-ability	Retired workers	Dependents	Special age-72
Total number reporting (in thousands) ¹ -----	153	38	36	42	20	16
Percent:						
Employed at some time -----	59.5	91.7	10.3	85.3	40.3	50.2
No longer in institution as of summer 1968 -----	12.7	21.8	6.1	12.2	15.8	3.8
Median years of education -----	8.2	9.4	(*)	8.5	8.5	8.3

¹ Data not available from the institution but were obtained from relatives or guardians. See appendix A, page 151, for a discussion of how these data compare with the institutional data. Since reports were not received from all patients in the institutional sample, tables with data from relatives or guardians use "total reporting" to designate column or row totals.

² 52 percent had no years of formal education.

TABLE 2-J.—Specified OASDHI program characteristics of institutionalized beneficiaries aged 18 and over, fall 1967, by type of benefit

Beneficiary characteristics	All beneficiaries	Type of benefit				
		Disabled workers	Child-hood dis-ability	Retired workers	Dependents	Special age-72
Total number (in thousands) -----	240	61	48	70	29	32
Mean monthly benefit -----	\$68	\$94	\$56	\$72	\$62	\$35
Median years entitled -----	6.1	5.2	6.5	9.8	8.0	1.4
Mean total Q/C 1937-67 -----	38	45	8	35	8	2
Percent with:						
Reduced benefits -----	7.7	—	—	19.9	13.9	—
Covered earnings 1937-67 -----	57.9	100.0	10.1	100.0	12.5	2.2
Representative payees -----	62.5	60.4	93.5	46.6	46.4	68.9

TABLE 2-K.—Last year of school completed by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Selected characteristics	Total reporting (in thousands) ¹	Total percent	Last year of school completed				Median
			Less than 8	8	1 or more of high school	Not reported	
All patients	389	100.0	39.8	14.3	24.0	6.6	15.4
Age							8
18-64	282	100.0	44.1	11.7	27.0	6.3	11.0
65 and over	104	100.0	27.4	21.4	16.0	7.5	27.6
Type of institution							8
Psychiatric	240	100.0	29.4	16.3	30.0	8.2	16.0
Mentally retarded	77	100.0	84.8	3.4	2.5	1.1	9.2
Chronic disease	73	100.0	26.4	18.9	26.7	8.2	19.8
Sex							8
Men	208	100.0	41.7	14.7	23.1	6.6	13.9
Women	181	100.0	37.7	13.8	24.9	6.6	17.0
Marital status							8
Married	73	100.0	24.3	19.2	35.5	9.3	11.7
Nonmarried	316	100.0	43.4	13.1	21.3	6.0	16.2

¹ Data not available from the institution but were obtained from relatives or guardians. See appendix A, page 151, for a discussion of how these data compare with the institutional data. Since reports were not received from all patients in the institutional sample, tables with data from relatives or guardians use "total reporting" to designate column or row totals.

² 64.9 percent had completed no years.

TABLE 2-L.—Employment experience by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Employment experience	Total	Type of institution			Patient's age		Sex		Marital status	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Men	Women	Married	Non-married
Total number reporting (in thousands), ¹	389	240	77	73	282	104	208	181	73	316
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Never employed	44.0	33.2	91.3	29.7	48.1	32.4	36.6	52.6	20.0	49.6
Previous employment	52.9	63.3	7.5	66.3	49.3	62.7	60.7	43.9	78.5	46.9
Last year employed										
1966-67	5.8	5.1	(²)	13.5	7.4	1.5	8.1	3.1	11.5	4.4
1963-65	4.3	4.9		7.1	4.6	4.0	5.8	2.6	10.2	2.9
1958-62	5.6	6.5	(²)	8.0	4.7	8.1	7.9	2.9	11.5	4.0
1957 or earlier	15.1	20.0	1.1	13.7	12.1	23.0	14.9	15.3	21.6	13.2
Last year not reported	22.1	26.8	5.7	24.1	20.7	26.2	24.0	20.0	19.8	22.4
Employment not reported	3.1	3.5	1.2	4.0	2.5	4.8	2.7	3.5	1.5	3.5

¹ Data obtained from relative or guardian.

² Less than 0.5 percent.

TABLE 2-M.—Occupation of last employment by age and sex: Percentage distribution of institutionalized adults aged 18 and over with employment experience, fall 1967

Occupation	Total	Age		Sex	
		18-64	65 and over	Men	Women
Total number reporting (in thousands) -----	206	139	66	126	79
Total percent -----	100.0	100.0	100.0	100.0	100.0
Professional and technical workers -----	6.6	5.6	8.7	4.9	9.4
Managers, officials, and proprietors -----	3.2	2.3	5.0	3.7	2.3
Clerical workers -----	11.1	11.5	10.5	6.4	18.6
Salesmen -----	4.7	4.2	5.7	4.3	5.2
Craftsmen and foremen -----	9.4	9.9	8.5	14.7	1.0
Operatives -----	17.3	17.4	17.3	16.3	18.6
Farmers and farm managers -----	2.6	1.7	3.8	3.1	1.7
Farm laborers and foremen -----	4.8	5.0	4.5	6.6	1.9
Service workers -----	15.6	14.5	17.5	9.8	24.8
Laborers -----	9.0	10.7	5.5	14.3	.6
Not reported -----	15.8	17.3	13.0	15.8	15.9

TABLE 2-N.—Covered employment under social security by type of institution and patient's age and sex: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Covered employment	Total	Type of institution			Patient's age			Sex	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over	Men	Women	
Total number (in thousands) -----	648	422	111	114	460	181	349	298	
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
No covered earnings -----									
Covered earnings -----	57.6	52.7	95.4	38.9	57.0	57.8	47.1	70.0	
1-5 quarters -----	42.4	47.3	4.6	61.1	43.0	42.2	52.9	30.0	
6-9 -----	8.0	9.8	2.1	7.0	8.8	6.1	8.1	7.8	
10-19 -----	4.9	6.0	1.0	4.5	4.9	4.9	5.4	4.3	
20-39 -----	8.1	10.1	.5	7.9	8.3	7.7	9.2	6.7	
40-59 -----	9.3	10.8	.5	12.2	9.2	9.7	10.9	7.4	
60 or more -----	5.7	5.7	(1)	10.8	5.5	6.1	8.4	2.5	
Median number of quarters (of those with earnings) -----	20	17	(2)	38	19	24	26	14	

¹ Less than 0.5 percent.

² Not shown when base is less than 10,000.

TABLE 2-O.—Reasons for institutionalization of and for choice of institution for institutionalized adults aged 18 and over, fall 1967, by type of institution and patient's age

Reasons	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number reporting (in thousands) --	389	240	77	73	282	104
Percent giving reason						
Reason for institutionalization						
No one to look after at home -----	14.2	13.0	13.4	19.1	12.1	20.0
Too costly at home -----	7.2	7.4	7.9	5.7	7.0	7.5
Too hard to handle at home -----	28.6	33.5	27.4	13.7	28.5	28.2
Needed permanent care -----	39.0	36.3	49.6	36.9	37.6	43.5
Had to be watched and looked after more carefully -----	38.0	41.0	42.8	23.1	37.6	38.7
Needed medical/ nursing care -----	36.4	36.1	18.3	56.4	34.0	42.8
Needed special training -----	11.9	4.9	36.0	9.6	15.3	2.7
Other -----	9.7	10.6	5.8	10.5	10.4	7.0
Not reported -----	3.9	4.5	2.7	3.2	3.8	4.5
Reason for choice of institution						
Nearest to home -----	23.0	23.3	23.0	21.7	23.1	22.0
Provided best treatment -----	15.9	14.2	16.4	20.8	15.3	17.8
Care without charge -----	21.2	20.3	20.2	25.3	21.9	19.4
Only institution providing care -----	11.4	11.0	12.4	11.5	11.8	10.3
Recommended by doctor -----	39.9	40.0	40.1	39.3	39.1	41.4
Recommended by family or friends -----	6.4	4.6	10.2	8.2	6.2	7.1
Recommended by agency or court -----	27.3	29.1	37.7	10.7	30.1	19.7
Other -----	7.3	7.1	4.9	10.5	7.2	7.8
Not reported -----	8.7	9.6	7.7	6.5	8.3	9.9

TABLE 2-P.—Age at onset and duration of disability of institutionalized adults aged 18 and over, fall 1967, by type of institution and patient's age

Age at onset and duration of disability	Total	Type of institution			Patient's age	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over
Total number reporting (in thousands) ---	389	240	77	73	282	104
Total percent ---	100.0	100.0	100.0	100.0	100.0	100.0
Under age 18 -----	25.3	15.3	71.4	9.6	33.4	4.0
Aged 18 or over -----	40.6	49.8	1.5	51.3	37.3	50.2
18-34 -----	8.7	12.6	(¹)	4.8	11.2	5.4
35-49 -----	5.6	7.0	(¹)	6.9	6.8	2.7
50-64 -----	4.1	4.0	—	8.7	3.5	6.0
65 and over -----	4.2	3.1	(¹)	11.8	—	15.4
Specific age not reported -----	18.0	22.9	1.3	19.2	15.8	23.7
Age not reported -----	34.1	34.9	27.1	39.1	29.4	45.8
Median of those reported -----	under 18	26.2	under 18	49.5	under 18	65.1
Duration of disability (median years) ² -----	9.4	12.0	(³)	4.3	9.3	9.3

¹ Less than 0.5 percent.

² Median years of disability for patients aged 18 or over at onset of disability and reporting year of onset.

³ Not shown where base is less than 10,000 cases.

TABLE 2-Q.—Length of current stay by type of institution and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Length of stay	Total	Type of institution		Patient's age		Beneficiary status	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Beneficiaries
Total number (in thousands)	648	422	111	115	460	181	240
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 4 months	12.8	11.7	.8	28.6	13.7	10.7	11.6
4-6 months	7.2	6.8	.5	15.0	7.0	7.8	7.7
7-11 months	5.5	5.7	1.0	9.3	5.5	5.8	6.7
12-23 months	5.8	5.7	2.0	9.5	5.0	7.8	7.0
2-4 years	16.4	16.9	11.7	19.3	14.6	21.5	21.8
5-9 years	14.1	14.6	18.5	8.1	14.3	13.8	15.5
10-19 years	17.3	16.2	32.5	6.9	19.3	12.1	15.6
20 or more years	20.8	22.3	32.9	3.3	20.6	20.6	14.2
Median years	5.8	6.0	14.7	.8	6.5	4.4	4.2

¹ Includes patients with beneficiary status unknown.

TABLE 2-R.—Total time in long-stay institutions by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Total years	Total	Type of institution			Ownership			Patient's age		Marital status	
		Psychiatric	Mentally retarded	Chronic disease	State or local	Federal	Private	18-64	65 and over	Married	Non-married
Total number reporting (in thousands) -----	389	240	77	73	320	44	25	282	104	73	316
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year -----	11.1	10.5	.6	24.4	10.0	13.8	20.5	11.0	11.5	29.2	7.0
1-2 years -----	11.7	11.0	2.7	23.4	10.2	16.1	23.2	10.2	16.1	18.6	10.1
3-4 years -----	11.4	11.1	5.0	19.3	10.6	11.1	22.6	8.7	18.7	11.8	11.4
5-9 years -----	14.3	14.8	16.4	10.7	14.5	13.2	14.3	15.4	11.6	13.9	14.4
10-19 years -----	17.7	16.3	32.4	7.1	18.6	16.2	9.1	20.8	9.3	8.1	19.9
20 or more years -----	23.7	25.8	35.2	4.6	26.0	17.6	5.3	24.3	22.1	10.7	26.7
Not reported -----	10.0	10.5	7.6	10.6	10.1	11.9	5.1	9.5	10.6	7.8	10.5
Median years -----	8.7	9.1	16.6	2.7	9.9	6.2	3.3	10.0	4.8	2.8	11.0

TABLE 2-S.—Previous institutional stays by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Previous stays	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number	648	422	111	115	460	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
No previous stay in any long-term institution	48.6	42.3	63.0	58.0	46.5	53.4
Previous stay in current institution only	17.8	19.9	4.4	22.6	18.2	17.3
Previous stay in other long-term institution	33.5	37.7	32.2	19.1	35.3	29.2
Median total time in current institution (in years)	7.0	7.6	14.7	1.4	7.7	5.1

TABLE 2-T.—Expectation of discharge by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Expectation of discharge	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands)	648	422	111	115	460	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Discharge expected within 6 months	10.2	9.6	1.0	21.6	11.4	7.5
Discharge possible within 6 months	10.4	11.4	5.0	11.6	11.4	7.6
Discharge not expected within 6 months ¹	79.4	78.9	94.0	66.8	77.2	84.9

¹ Includes 0.2 percent not reported.

TABLE 2-U.—Frequency of leave during last year by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Frequency of leave	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands) -----	648	422	111	115	460	181
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
Nearly every weekend -----	3.1	3.7	.7	3.5	4.1	.8
At least once a month -----	3.5	3.2	2.8	5.1	4.4	1.3
Several times a year -----	9.3	8.3	15.5	7.0	11.1	5.1
Once a year or less -----	6.3	6.0	10.6	3.0	7.2	3.6
No leave during the year ¹ -----	77.9	78.9	70.4	81.5	73.3	89.2

¹ Includes 1.4 percent not reported.

TABLE 2-V.—Institutional status as of summer 1968 of adults aged 18 and over who were institutionalized as of fall 1967: Percentage distribution by selected characteristics

Characteristics	Total number reporting (in thousands)	Total percent	No longer institutionalized	Deceased	In different institution	In same institution	Not reported
Total -----	389	100.0	16.6	5.0	4.6	71.8	2.1
Type of institution							
Psychiatric -----	240	100.0	17.6	4.1	4.5	71.9	2.0
Mentally retarded -----	77	100.0	1.9	.9	2.1	93.0	2.1
Chronic disease -----	73	100.0	28.7	12.2	7.4	49.3	2.5
Ownership							
State and local -----	320	100.0	14.8	4.3	4.2	74.8	1.9
Federal -----	44	100.0	27.5	5.6	5.5	57.9	3.4
Private -----	25	100.0	20.7	11.8	7.1	58.5	2.2
Patient's age							
18-64 -----	282	100.0	19.5	1.7	4.3	72.5	2.0
65 and over -----	104	100.0	8.8	13.6	5.6	69.7	2.3
Marital status							
Married -----	73	100.0	36.6	8.5	3.6	49.8	1.5
Nonmarried -----	316	100.0	11.9	4.1	4.8	76.9	2.3

CHAPTER 3

Medical Diagnosis, Limitations, and Care

MENTAL ILLNESS was by far the most frequent medical reason for institutionalization. Institutional records listed over 3 out of 5 patients as mentally ill (table 3-A, end of chapter). Of those so listed three-fourths were psychotic, schizophrenia being by far the most frequent type of illness (table 3.1, below). One of 6 mentally ill patients was classified as having psychoneurotic or other nonpsychotic personality disorders, and the remainder—about 1 in 12—as having a chronic brain syndrome. Patients aged 65 and over had less schizophrenia, more other kinds of psychoses, and more chronic brain syndrome than patients under age 65.

The second most frequent reason for institutionalization was mental retardation; approximately 1 in 5 patients was mentally retarded. About 1 out of 20 was institutionalized because of a disorder of the nervous system; the disabilities of the remaining 15 percent of the patients were distributed among the other disorders. Most of the mentally retarded in institutions were under age 65, but the proportions of persons disabled by disorders of the nervous system, circulatory system, and musculoskeletal system were higher among those aged 65 and over.

TABLE 3.1.—Type of mental illness by age: Percentage distribution of institutionalized adults aged 18 and over with a diagnosis of mental illness, fall 1967

Type of mental illness	Total	Aged 18-64	Aged 65 over
Total number (in thousands) —	397	280	112
Total percent ¹ —	100.0	100.0	100.0
Schizophrenia —	44.9	50.5	30.4
All other psychoses —	29.6	27.2	35.4
Psychoneurotic and other disorders of character, behavior, and intelligence —	16.7	16.8	16.7
Chronic brain syndrome —	8.8	5.5	17.5

¹ 95.6 percent of these patients were in psychiatric institutions, 3.7 percent in chronic disease facilities, and 0.7 percent in facilities for the mentally retarded.

TABLE 3.2.—Need for care by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Need for care	Type of institution		
	Psychi- atric	Mentally retarded	Chronic disease
Total number (in thousands) -----	299	107	54
Total percent -----	100.0	100.0	100.0
No limitations ¹ -----	75.8	53.6	66.3
Occasional help or regular help in activity only -----	10.3	13.0	7.9
Needs regular help in 2 or 3 activities -----	10.5	21.1	14.0
Needs regular help in all 4 -----	3.4	12.2	11.7

¹ Includes 0.3 percent not reported.

Needs and Limitations

Nurses and other institutional staff members were asked about the patient's need for personal care and about various physical and mental limitations. Personal care was evaluated by the patient's need for help in eating, dressing, getting in and out of bed, and bathing and toilet activities. Three out of 5 patients needed no help in any of these activities but 1 out of 10 needed regular help in all four (table 3-B). Persons in psychiatric institutions needed the least care, and persons in chronic disease facilities—of whom almost 1 in 5 needed help in all personal care activities—needed the most. Aged persons needed more care than patients under 65. If age is controlled, the mentally retarded, almost all of whom are under 65, needed more care than residents of the other two types of institutions (table 3.2).

Over 4 out of 5 institutionalized adults could walk alone or with a crutch or cane, but 1 of 10 could get around only with the assistance of another person or by using a walker or wheelchair. The remaining 7 percent were usually confined to bed (table 3-B). Patients in chronic disease facilities were the most limited: barely half were able to walk alone or with a crutch or cane and over a fifth were confined to bed. Psychiatric and mentally retarded patients differed little in ambulation, almost 9 out of 10 being able to walk alone. Older patients were, of course, more limited than younger.

About 1 institutionalized person out of 5 had at least occasional problems with bowel and bladder control, and more than half of those so troubled were usually incontinent. About a third of the aged were at least occasionally incontinent. Patients in psychiatric hospitals were less likely to be incontinent than patients in the other two types of institutions. Patients in chronic disease facilities had the largest proportion lacking bowel and bladder control, but with age controlled, mentally retarded and chronic disease patients differed little (table 3.3).

TABLE 3.3.—Patient's bowel and bladder control by type of institution: Percentage distribution of institutionalized adults aged 18–64, fall 1967

Control	Type of institution		
	Psychi- atric	Mentally retarded	Chronic disease
Total number (in thousands) -----	299	107	54
Total percent -----	100.0	100.0	100.0
No control problem ¹ -----	89.9	77.8	80.8
Occasionally incontinent -----	5.7	7.8	6.2
Usually incontinent -----	4.4	14.4	13.0

¹ Includes 0.2 percent not reported.

Slightly over a third of all patients had limited hearing, sight, or speech, but relatively few were deaf, blind, or mute. Patients over age 65 had more limitations than younger patients, but the mentally retarded had more limitations than patients in other types of institutions, regardless of age, because almost half had speech difficulties (table 3.4). Patients in chronic disease facilities, given their higher proportions of aged, had more sensory limitations than psychiatric patients, in part because of greater limitations in hearing and sight.

TABLE 3.4.—Proportion of institutionalized adults aged 18 and over having limited hearing, sight, or speech by type of institution and patient's age, fall 1967

Type of limitation	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18–64	65 and over
Total number (in thousands) -----	648	422	111	115	460	181
Proportion with limitation in—						
Hearing -----	10.3	8.4	8.8	18.4	5.3	22.4
Sight -----	14.3	12.1	12.3	24.3	9.9	25.8
Speech -----	20.4	13.1	49.0	19.3	21.6	16.5

Limitations in Awareness, Judgment, and Responsibility

The limitations described above are basically physical. Other limitations involve mental awareness, judgment, and responsibility. A patient's mobility may be limited, for example, because he is not considered responsible enough to leave the institution or the ward as well as because he cannot walk unassisted or is confined to bed.

Given this definition of mobility, only 1 institutionalized person out of 10 could leave the institution alone, 2 out of 3 could not

leave even if accompanied, and almost half were confined to room, ward, or bed (table 3-C). In general, there were no sharp differences in mobility by type of institution, but the mentally retarded, though less likely to be allowed to leave the institution alone, were less frequently confined to room or bed than patients in the other two types of facilities. The aged had less mobility than patients under age 65.

The patient's lack of awareness of the time and the place of his surroundings is another kind of limitation. Approximately 2 patients out of 3 had no confusion here (table 3-C), but 1 out of 5 was usually confused, and the remaining 14 percent were occasionally confused. Not surprisingly, a higher proportion of persons in psychiatric institutions than in the other facilities were confused. As in most limitations, confusion was commoner among older patients. Almost 3 out of 5 of the psychiatric patients had been committed to the hospital through a court order (table 3.5), perhaps another indication of limited awareness or ability to make responsible decisions.

Half the institutionalized adults could assume no responsibility for income or spending money. About a fourth could be trusted with spending money only; the remaining fourth had no limitations. Mentally retarded patients were much more limited than psychiatric patients, who, in turn, were more limited than patients in chronic disease facilities. The aged were more limited than the 18-65 age group, but age was not so differentiating here as type of institution.

The data on physical and mental limitations were organized so that the patient could be evaluated as to the degree or severity of his total limitation. Mental limitations were considered more limiting than physical, and the need for regular care was considered more limiting than restrictions in the patient's mobility. A person limited in both awareness of surroundings and ability to handle money was considered severely limited; a person limited in only one was considered moderately limited.

From this perspective the aged were the most severely limited: 25 percent were severely limited in mobility and needed regular care (table 3-D). Beneficiaries, with a higher proportion of aged,

TABLE 3.5.—Proportion of patients in psychiatric facilities committed by court order: Institutionalized adults aged 18 and over in psychiatric facilities, fall 1967

Patients in psychiatric facility	Total	Aged 18-64	Aged 65 and over
Total number (in thousands) -	422	299	117
Percent committed by court order -	58.7	57.5	61.9

were more severely limited than nonbeneficiaries, and women were more severely limited than men. If the classification of *most limited* is broadened to include the severely and moderately limited who also needed regular care, the aged were still the most limited; but the mentally retarded, of whom a large proportion were unable to handle money, were almost as badly limited. These two groups also had the fewest patients who were not limited. If age is controlled by restricting the data to patients aged 18-64, the mentally retarded are definitely the most severely limited and patients in chronic disease facilities the least (table 3.6).

TABLE 3.6.—Severity of limitations by type of institution: Percentage distribution of institutionalized adults aged 18-64, fall 1967

Severity of limitations	Type of institution		
	Psychi- atric	Mentally retarded	Chronic disease
Total number (in thousands) -----	299	107	54
Total percent -----	100.0	100.0	100.0
Severe mental limitations and needs regular care -----	8.9	12.5	6.7
Severe mental limitations but needs no care -----	5.1	2.5	0.4
Moderate mental limitations and needs regular care -----	7.3	26.2	8.6
Moderate mental limitations only -----	22.8	34.4	5.0
No mental limitations and needs regular care -----	2.1	2.1	15.3
No mental limitations and no care, but mobility limitations -----	13.7	2.4	25.3
No limitations and no care needs -----	38.2	18.7	36.7
Not reported -----	1.9	1.1	1.9

Treatment

Institutional staff members were asked to report the types of treatment patients received during the week before the interview. Over 90 percent of all patients received some form of treatment during the week (table 3-E). Over 4 out of 5 had received medical services. About 1 out of 3 had received therapy, and almost as many had received psychiatric treatment. The mentally retarded received less treatment than patients in the two other types of facilities; only in education and training were they ahead. Patients in Federal hospitals were more likely to receive most types of treatment than patients in State, local, and private institutions. The aged received more medical services and fewer other services than the patients aged 18-64. These data do not indicate quality of treatment.

One patient out of 3 was assigned work in the institution, but most of them were in psychiatric hospitals and in schools and homes for the mentally retarded (table 3-F). Most patients who

worked were not paid, but the mentally retarded were more likely to be paid than patients in the other types of facilities. Institutions for the mentally retarded probably offered greater opportunity and had greater need for adult patients to work because they generally cared for many persons under age 18. Very few of the aged were assigned work, although the proportion assigned work was lower for patients in the chronic disease facilities than among the aged as such. Beneficiaries worked less than nonbeneficiaries, and women less than men.

Institutional Characteristics as Related to Treatment

Institutional characteristics such as the number of persons a patient lives with and the doctor- and employee-patient ratios are an important aspect of the patient's life in the institution and affect the amount and frequency of treatment he receives.¹

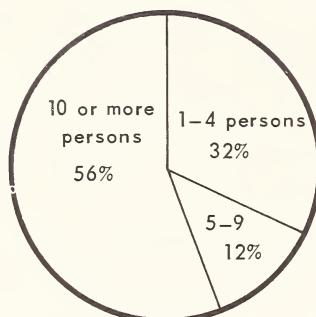
Over half of all institutionalized persons lived in a room or ward with 10 or more other persons (table 3-G). Slightly less than 1 in 10 had a room to himself. Patients in institutions for the mentally retarded had less privacy than patients in the other two types of facilities. Persons in the chronic disease facilities, where 1 out of 6 had a room of his own and 3 out of 5 lived with not more than three others, had the most privacy. The aged were more likely to be in small rooms or wards than patients under 65 (figure 6).

Approximately 1 patient in 5 was in an institution where the doctor-patient ratio was less than 5 per 1,000—less than 1 doctor for 200 patients (table 3-H). At the opposite end of the scale, 4 percent of the patients were in institutions where there were 10 times as many doctors—at least 1 for every 20 patients. The median for all patients was 1 doctor per 100 patients.

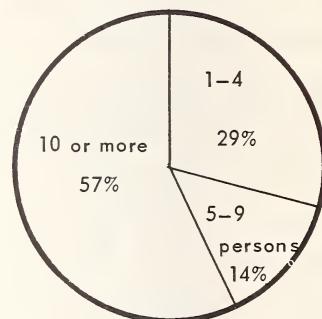
The doctor-patient ratio varied in several ways by type and ownership of institution. Facilities for the mentally retarded had the lowest ratio, half their patients being in institutions with fewer than 5 doctors to 1,000 patients. Almost none of the mentally retarded were in institutions with 20 doctors per 1,000 patients or higher. A fourth were in institutions with less than 5 doctors per 1,000 patients and almost a sixth were in institutions with 50 or more doctors per 1,000 patients. Patients in chronic disease hospitals were more likely to be in institutions with low and high ratios than in institutions with middle-range ratios. Federal hospitals had the highest doctor-patient ratio; almost

¹ See chapter 2, page 13, for a discussion of the size of institutions by the number of patients and the number of beds. Data on institutional characteristics in this survey reflect the universe of patients rather than the universe of institutions.

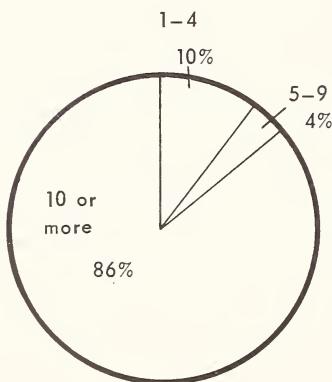
FIGURE 6.—Proportion of institutionalized adults aged 18 and over, fall 1967, with 1-4 persons, 5-9 persons, or 10 or more persons in room or ward, by type of institution



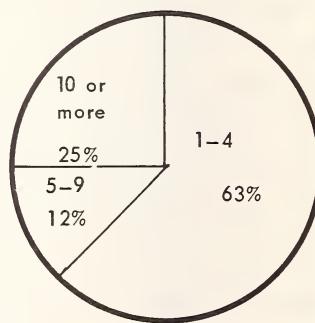
All patients



Patients in psychiatric hospitals or wards



Patients in school or homes for the mentally retarded



Patients in chronic disease facilities

Source: Table 3-H

none of their patients were in hospitals with less than 10 per 1,000, and over a fifth were in institutions with 50 or more doctors per 1,000. The median Federal ratio, 27 doctors per 1,000 patients, was considerably above the median for other patient groups.

Patients in Federal institutions had the highest employee to patient ratio: 2 out of 3 were in institutions with more than 750 employees per 1,000 patients. The median for all patients was slightly less than 500 per 1,000—1 employee for 2 patients. Chronic disease facilities and private institutions had the highest ratio after Federal institutions.

In psychiatric hospitals and in facilities for the mentally retarded, more patients had clothing provided by the institution than by relatives or the patient himself, but the opposite was true in the chronic disease facilities (table 3-I). About 1 patient out of 6 used both his own clothing and institutional clothing.

Expectations of Discharge and Institutional Discharge Practices

The institutions indicated that discharge within 6 months was very likely for 1 out of 10 patients and possible for another tenth. Information from relatives indicated that about a sixth of the patients were discharged during the year following the institutional data collection.²

In the event of discharge, almost 19 out of 20 patients were in institutions that had staff members available to assist in planning for discharge (table 3-J). This proportion varied only slightly between patients in psychiatric hospitals and in facilities for the mentally retarded, but chronic disease facilities were less likely to make this service available. Patients in public hospitals were much more likely to have this service available to them than patients in private hospitals, where only 7 out of 10 patients had such assistance available.

Slightly more than two-thirds of all patients were in institutions that provided care outside the institution such as foster families or in halfway houses before discharge. Three out of 4 patients in psychiatric hospitals or in facilities for the mentally retarded, but only 1 out of 4 in the chronic disease facilities had such care available before discharge. Again, this service was less available to older (65 and over) than younger patients.

About the same proportion of patients—2 out of 3—had follow-up care available after discharge as had outside care available before discharge. Almost 9 out of 10 patients in Federal hospitals and over 3 out of 4 psychiatric patients, but not more than 40 per-

² See chapter 2, pp. 25-26, for a discussion of the institution's expectation of discharge for the patient and the patient's institutional status as of the summer of 1968.

cent of the patients in private institutions or institutions for the mentally retarded, had such care available. The usual method of providing followup care was through an outpatient clinic.

The differences between institutions in discharge planning and in outside or followup care probably reflect the type of disorder they treated. Mentally and emotionally ill persons may be more likely to need this kind of care than physically disabled persons.

The institutional practices discussed above were reported as generally available, without reference to the patient's discharge possibilities. For those patients whom the institutions expected to discharge within 6 months, postdischarge care was to be provided for almost 3 out of 5 (table 3-K). This figure is somewhat lower than the figure given by the institutions for care generally available.

Almost two-thirds of the patients who expected to be discharged were planning to live in their own homes, either with relatives or alone. About 1 out of 10 was going to a nursing, convalescent, or foster care home or to a home for the aged, and a smaller proportion had some other arrangement. For 1 out of 5, the institution reported no arrangements. For the aged a much smaller proportion—less than half as compared to almost two-thirds of the total group—expected to return to their own homes, and over a fifth were going to a nursing, convalescent, or foster care home or to a home for the aged.

TABLE 3-A.—Diagnosis of primary impairment by type of institution and patient's age: Percentage distribution of institutionalized adults, fall 1967

Diagnosis	Total	Type of institution			Patient's age
		Psychiatric	Mentally retarded	Chronic disease	
Total number (in thousands)	648	422	111	115	460
Total percent	100.0	100.0	100.0	100.0	100.0
Infective and parasitic diseases	3.6	.5	—	18.8	3.9
Mental, psychoneurotic, and personality disorders	80.9	95.3	93.3	16.1	86.8
Mental illness	61.3	90.1	2.6	12.5	60.8
Mental retardation	19.6	5.2	90.7	3.6	26.0
Nervous system disorders	4.6	1.0	3.4	18.8	3.6
Sense organ disorders	.6	—	(¹)	3.3	.6
Circulatory disorders	2.5	.5	—	12.1	.5
Respiratory disorders	.5	(¹)	—	2.7	(¹)
Musculoskeletal disorders	1.4	(¹)	3.1	7.3	(¹)
All other	5.9	2.4	3.1	20.9	.7
				3.6	3.4
					11.9

¹ Less than 0.5 percent.

TABLE 3-B.—Selected characteristics by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Selected characteristics	Total	Type of institution			Patient's age	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands) -----	648	422	111	115	460	181
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
Need for personal care in eating, dressing, toilet activities, or getting in and out of bed						
No limitations ¹ -----	61.1	67.3	53.7	45.8	69.6	39.6
Needs occasional help only -----	5.7	6.2	4.9	4.5	5.3	6.8
Needs regular help:						
In 1 activity only -----	6.8	6.2	8.0	7.7	5.3	10.6
In 2 or 3 activities -----	16.6	13.6	21.0	23.2	13.4	24.9
In all 4 activities -----	9.8	6.7	12.4	18.8	6.4	18.1
Ability to walk						
Walks alone or with crutch or cane ² -----	82.5	89.3	87.2	53.0	88.9	66.5
Must use walker or wheelchair -----	5.2	2.9	3.6	15.0	3.0	10.8
Cannot walk without help of another person -----	4.9	3.5	4.7	10.4	2.8	10.0
Usually confined to bed -----	7.4	4.3	4.5	21.5	5.3	12.7

TABLE 3-B—Selected characteristics by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967—Continued

Selected characteristics	Total	Type of institution			Patient's age	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over
No control problem ¹	80.0	84.0	77.7	67.6	86.0	64.9
Occasionally incontinent	8.5	8.0	7.8	10.7	6.3	14.2
Usually incontinent ²	11.5	8.0	14.5	21.7	7.7	20.9
Limitations in hearing, sight, or speech						
No limitations	65.3	73.6	43.3	55.9	69.8	54.1
Limitations	34.7	26.4	56.7	44.1	30.2	45.9
Proportion who are:						
Deaf	2.7	2.1	2.9	4.6	1.9	4.1
Blind	2.0	1.4	2.8	3.7	1.4	3.8
Mute	4.2	1.8	15.4	2.5	4.9	1.8

¹ Includes 0.2 percent not reported.

² Includes 0.9 percent not reported.

³ Includes 0.4 percent not reported.

TABLE 3-C.—Selected characteristics by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Selected characteristics	Total	Type of institution			Patient's age	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands)	648	422	111	115	460	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Mobility						
Allowed to leave institution by himself	10.7	11.3	6.6	12.7	13.0	5.2
Allowed to leave accompanied	21.3	18.5	36.4	16.9	23.4	16.8
Not allowed to leave	19.4	20.7	16.7	17.0	20.7	16.6
Confined to room or ward	40.0	44.1	34.5	30.6	36.7	50.1
Confined to bed	7.4	4.3	4.5	21.5	5.3	12.7
Not reported	1.2	1.2	1.4	1.3	1.5	.6
Awareness of surroundings						
No confusion ¹	65.8	62.1	74.9	70.5	72.0	50.6
Occasionally confused	14.2	16.0	9.4	12.2	13.1	17.1
Usually confused	20.0	21.9	15.7	17.3	14.9	32.3
Money management						
Can manage own income	24.3	22.2	5.0	50.7	26.6	18.9
Can manage spending money	22.1	26.2	18.3	10.8	22.6	20.8
Cannot manage income or spending money	50.9	48.4	76.1	35.4	47.6	68.9
Not reported	2.7	3.2	.6	3.0	3.2	1.4

¹ Includes 0.3 percent not reported.

TABLE 3-D.—Severity of limitations by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Severity of limitations	Total	Type of institution		Patient's age		Beneficiary status		Sex		
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Beneficiary	Nonbeneficiary	Men	Women
Total number (in thousands)	648	422	111	115	460	181	240	408	350	298
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Severe mental limitations, needs regular care	14.0	14.1	12.7	15.1	9.5	25.2	18.8	11.2	11.7	16.8
Severe mental limitations, needs no care	4.5	5.8	2.6	1.1	4.0	5.3	4.3	4.5	4.4	4.4
Moderate mental limitations, needs regular care	13.2	9.2	26.0	15.5	11.8	16.9	15.3	12.0	11.7	15.0
Moderate mental limitations only	20.5	21.0	34.7	4.7	23.4	13.3	17.3	22.3	21.5	19.3
No mental limitations, needs regular care	5.8	3.2	2.2	19.0	3.6	11.5	9.7	3.5	5.4	6.2
No mental limitations, needs no care but has limited mobility	12.0	13.3	2.5	16.6	12.4	11.1	11.2	12.5	12.9	11.0
No limitations, no care -----	28.5	31.7	18.3	26.7	33.5	15.9	22.7	32.0	31.2	25.5
Not reported -----	1.5	1.7	1.1	1.2	1.7	.9	.8	1.9	1.2	1.8

TABLE 3-E.—Types of treatment received by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Types of treatment	Total	Type of institution		Ownership		Patient's age	
		Psychiatric	Mentally retarded	State or local	Federal	Private	18-64
Total number (in thousands)	648	422	111	548	64	36	460
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No treatment or services	8.3	6.2	20.7	4.1	9.5	1.6	3.1
Received treatment	91.7	93.8	79.3	95.9	90.5	98.4	91.9
Medical services	83.3	87.5	59.3	91.0	81.8	93.0	87.7
Physical, speech, or occupational therapy	32.7	36.9	17.0	32.4	29.8	55.1	37.3
Psychiatric treatment	30.9	45.5	4.0	3.1	29.4	54.9	10.4
Education, training, and guidance	17.0	13.0	31.5	17.7	17.4	14.6	14.6
Other treatment	7.0	7.5	6.3	5.4	6.3	13.1	6.7

TABLE 3-F.—Work assignments by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Work assignments	Total	Type of institution		Patient's age		Beneficiary status		Sex
		Psychiatric	Mentally retarded	18-64	65 and over	Beneficiary	Nonbeneficiary	
Total number (in thousands)	648	422	111	115	460	181	240	408
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	350
Patient does not work ¹	66.7	61.4	58.0	94.9	59.0	75.9	61.4	63.9
Patient assigned work	33.3	38.6	42.0	5.1	41.0	13.6	24.1	36.1
Paid for working	6.5	5.5	15.7	1.2	8.2	2.0	4.0	7.1
Not paid	26.8	33.1	26.3	3.9	32.8	11.6	20.1	30.7
								29.0
								24.2

¹ Includes 0.5 percent not reported.

TABLE 3-G.—Number of persons in room or ward by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Number of persons	Total	Type of institution			Patient's age
		Psychiatric	Mentally retarded	Chronic disease	
Total number (in thousands)	648	422	111	115	460
Total percent	100.0	100.0	100.0	100.0	100.0
Single room	9.0	8.4	1.8	17.8	8.0
2-4 persons	23.0	20.7	8.6	45.5	19.9
5-9 persons	12.1	14.4	4.0	11.5	11.7
10 or more	55.5	55.9	85.3 ⁽¹⁾	25.2	59.9
Not reported	.4	.6	—	—	.5

¹ Less than 0.5 percent.

TABLE 3-H.—Doctor-patient and employee-patient ratio by patient's age and type and ownership of institution: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Doctors or employees per 1,000 patients	Type of institution			Ownership			Patient's age	
	Total	Psychi- atric	Mentally retarded	State or local	Federal	Private	18-64	65 and over
	648	422	111	115	548	64	36	460
Number of doctors per 1,000 patients								
Under 5	19.0	7.4	55.4	26.6	19.8	.5	39.5	19.1
5-9	26.0	26.5	38.9	11.7	30.1	—	10.4	28.1
10-19	28.0	39.3	2.2	11.5	30.3	22.1	4.2	26.2
20-29	10.2	14.0	—	5.9	7.7	35.5	3.4	10.8
30-49	4.3	3.2	—	12.3	2.8	17.1	3.4	4.5
50 or more	4.2	2.3	(¹)	15.6	1.6	21.3	4.3	3.9
Not reported	8.4	7.5	3.3	16.4	7.7	3.6	27.2	3.7
Median number of doctors	10	13	4	13	9	27	5	12.0
							10	11
Number of employees per 1,000 patients								
Under 100	.5	(¹)	—	1.0	.5	.8	—	.6
100-299	8.9	11.7	4.2	3.3	10.0	.8	5.4	7.5
300-499	40.4	43.1	59.5	11.6	46.1	1.1	23.0	43.7
500-749	23.6	23.1	29.3	19.6	23.8	26.6	14.6	32.7
750 or more	17.0	13.8	1.9	43.3	10.7	65.9	25.4	22.1
Not reported	9.7	7.8	5.1	21.3	8.9	4.8	31.5	19.9
Median	480	470	450	750 or more	465	750 or more	600	495

¹ Less than 0.5 percent.

TABLE 3-I.—Clothing practices by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Clothing practices	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands)	648	422	111	115	460	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Clothes provided by:						
Patient or relative	38.8	37.2	35.5	48.2	39.9	36.7
Institution	44.4	46.2	43.6	38.8	42.3	49.0
Both	15.9	15.9	20.1	11.8	16.9	13.8
Not reported	.8	.7	.7	.9	.9	.6

TABLE 3-J.—Availability of specified discharge services to institutionalized adults aged 18 and over, fall 1967, by type and ownership of institution

Type of service	Total	Patient's age		Type of institution		Ownership			
		18-64	65 and over	Psychiatric	Mentally retarded	Chronic disease	State or local	Federal	Private
Total number (in thousands)	648	460	181	422	111	115	548	64	361
Percent of patients with service available:									
Personnel to aid in planning for discharge	93.3	95.1	88.6	97.3	93.8	78.0	94.4	96.1	70.9
Outside care before discharge	68.7	72.2	60.3	79.0	75.0	24.6	(¹)	(¹)	(¹)
Followup care after discharge	66.6	66.5	67.6	76.3	40.0	56.9	66.9	88.2	34.6

¹ Data not available by ownership.

TABLE 3-K.—Postdischarge care and living arrangements by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over with expectation of discharge in 6 months, fall 1967

		Type of institution ¹			Ownership ¹		Patient's age	
		Total	Psychiatric	Chronic disease	State or local	Federal	18-64	65 and over
Postdischarge care and living arrangements		66	41	25	42	17	53	14
Total number (in thousands)	-----	66	41	25	42	17	53	14
Postdischarge care								
Total percent	-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No care to be provided	-----	57.3	61.5	51.1	61.1	54.8	58.8	51.7
Care to be provided	-----	33.2	28.6	40.4	29.0	34.3	31.8	38.3
Not reported	-----	9.5	9.9	8.5	9.9	11.4	9.4	10.0
Postdischarge living arrangements								
Total percent	-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In own home with family or alone	-----	64.1	62.9	67.5	62.0	65.3	68.7	46.5
In nursing, convalescent, or foster care	-----	9.5	11.3	6.6	11.2	7.2	6.3	22.2
home, or home for the aged	-----	7.7	9.1	3.8	8.0	9.6	8.6	4.5
Other	-----	14.8	11.0	18.7	14.0	11.4	12.3	19.4
No arrangements	-----	4.9	5.7	3.4	4.9	6.6	4.2	7.4
Not reported	-----							

¹ Institutions for mentally retarded and private institutions omitted because base was less than 10,000.

CHAPTER 4

Social Relationships

DATA BASED ON INFORMATION from institutional staff members showed that about 7 out of 8 institutionalized adults had relatives or friends (table 4-A, end of chapter).¹ This proportion differed little by age or beneficiary status, but persons in chronic disease facilities were more likely to have relatives or friends than persons in other types of institutions.

About two-fifths of the patients had brothers or sisters; almost a third, at least one parent; a sixth, adult children; and a sixth, a husband or wife.² Very few had minor children. Older patients differed from the younger patients in that almost none had parents, but over three times as many had adult children. Groups with a high proportion of aged such as beneficiaries and patients in chronic disease facilities also included more patients with adult children and fewer with parents than the other group. Twice as many of the mentally retarded as other patients had parents, but almost none had husbands or wives or children.

Data on the number of minor children were obtained from relatives or guardians. These data indicated that 1 out of 12 patients reported on had minor children—about twice as many as the institutional staff members had reported (table 4-B). Almost none of the aged and mentally retarded, very few of the nonmarried, but over a fourth of the married patients had minor children.

¹ Data on relatives and friends were obtained from ward nurses and attendants and represent only those persons who staff members knew had relatives or friends. Some of the patients may have had relatives about whom the staff did not know. Underreporting was probably greater for patients long institutionalized, among whom contacts outside the institution were less frequent.

² Ward staff members reported that 16.6 percent of the patients had husbands or wives. Institutional records showed that 18.5 percent of the patients were married (see table, 2-D, page 30). No attempt was made to reconcile these figures. The institutional records may have included data on patients whose husbands or wives were deceased; the data from ward staff members may have excluded data on some whose husbands or wives had little contact with the patient.

Visits From Relatives and Friends

About 36 percent of all the institutionalized adults—less than half of those with relatives or friends—received visits from a relative or friend at least once a month (table 4-A). Although the proportion with relatives and friends varied little from one group to another, the proportion receiving visits varied much more. Aged patients received more visits than those under 65, and beneficiaries more than nonbeneficiaries; chronic disease patients—over 60 percent—received more visits than patients in any other group. The mentally retarded, of whom only 1 in 5 received monthly visits, were the most isolated.

If only patients who had relatives or friends were considered, over two-fifths had received visits in the previous month (compared with 36 percent of all patients), a fourth had only other kinds of contacts (letters, telephone calls, or gifts), and a fourth had no contacts (table 4-C). Groups with fewer patients receiving visits had more patients with only nonvisiting contacts, of course. The proportion with no contacts of any kind varied little from group to group, except for beneficiaries, less than a fifth of whom had no contacts, and chronic disease patients, only a tenth of whom had no contacts.

Isolation also increased with length of time in the institution. Over 60 percent of the patients with relatives or friends who had been in the institution less than a year had received visits in the last month (table 4.1, below). The proportion with visits decreased as the length of the current stay increased, with less than a fourth of those in the institution 10 years or longer receiving visits (figure 7).

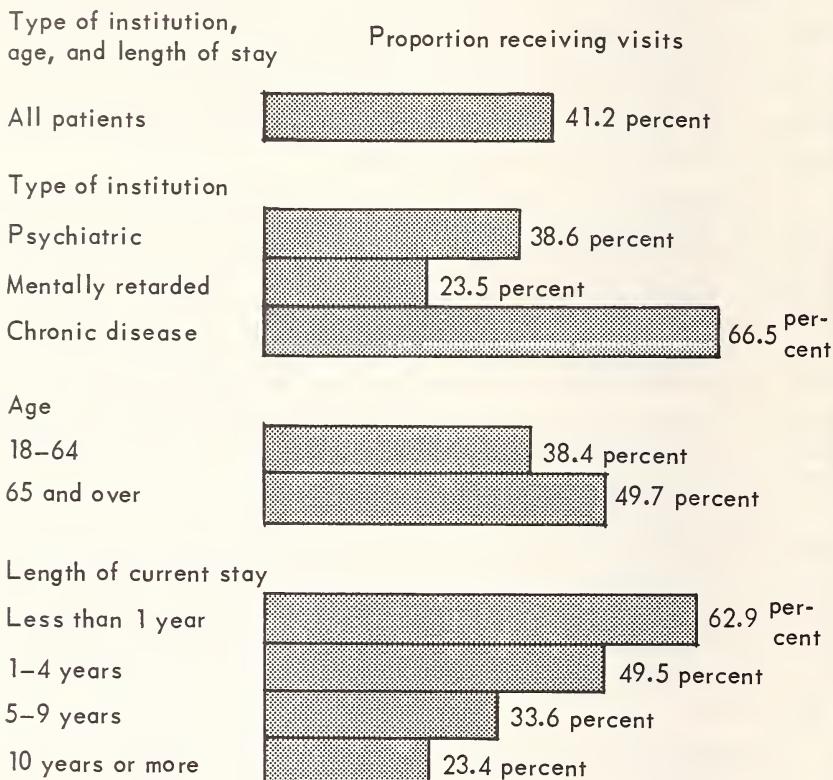
The proportion of patients with visits from the different types of relatives differed very little for all groups. Slightly more than 10 percent of the patients received visits in the previous month

TABLE 4.1.—Monthly visits of relatives or friends by length of current stay: Percentage distribution of institutionalized adults aged 18 and over with relatives or friends, fall 1967

Visits	Total	Length of stay			
		Less than 1 year	1-4 years	5-9 years	10 years or more
Total with relatives or friends (in thousands) —	565	136	149	81	198
Total percent —	100.0	100.0	100.0	100.0	100.0
Received monthly visits —	41.2	62.9	49.5	33.6	23.4
Did not receive monthly visits ¹ —	58.8	37.1	50.5	66.4	76.6

¹ Includes 8.8 percent not reported.

FIGURE 7.—Proportion of institutionalized adults age 18 and over, fall 1967, receiving visits at least monthly, by type of institution, age, and length of current stay



Source: Table 4-C and 4.1

from each type of relative with the exception of minor children, for whom the proportion was about 1 percent (table 4-D). Over a fourth of the older patients were visited by adult children, and more than a fifth of the chronic disease patients were visited by husbands or wives and adult children. For patients in institutions for the mentally retarded, parents were almost the only visitors.

If only those patients with each type of relative are considered, husbands or wives and adult children were the most frequent visitors. Half the patients with adult children and almost 3 out of 5 with husbands or wives had visits from these relatives (table 4.2). And these relatives were the most frequent visitors for all groups except the mentally retarded. Persons in chronic disease facilities had the most visitors; 3 husbands or wives out of 4 and no less than 2 out of 5 of any type of relative had visited them in the previous month. Persons in institutions for the mentally retarded were the least likely to be visited; 1 patient out of 4 with a parent and 1 out of 8 with brothers or sisters had been visited by these relatives.

Social relationships of patients were affected, of course, by how far from the institutions the relatives or friends lived. Almost 3 out of 5 patients with relatives or friends had a relative or friend within 50 miles of the institution, although the proportion varied considerably by age, type of institution, and beneficiary status (table 4-E). Over two-thirds of the older patients and over three-fourths of the patients in chronic disease facilities, but only a little more than a third of the mentally retarded, had relatives or friends within 50 miles. Beneficiaries were more likely than non-beneficiaries to have a relative or friend within 50 miles.

Over half the patients with relatives or friends within 50 miles, but only a fifth of the patients with relatives or friends further from the institution, had received visits in the preceding month

TABLE 4.2.—Monthly visits from specified relatives by type of institution and patient's age: Percent of institutionalized adults aged 18 and over having specified relative who received monthly visits from relative

Type of relative	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Percent of patients with specified relatives having visits						
Husband or wife -----	58.4	52.5	(¹)	74.4	58.0	61.4
Parent -----	31.2	33.0	26.0	39.8	31.8	(¹)
Brother or sister -----	23.7	23.5	12.1	40.3	23.4	24.9
Minor child -----	27.0	22.0	—	41.8	26.9	(¹)
Adult child -----	49.5	39.9	—	71.4	34.7	60.6
Other -----	27.9	23.0	13.4	63.4	28.6	40.4

¹ Less than 0.5 percent.

TABLE 4.3.—Contacts with relatives or friends by distance from institution: Percentage distribution of institutionalized adults aged 18 and over with relatives or friends, fall 1967

Type of contact	All patients		Aged 18-64		Aged 65 and over	
	Under 50 miles	50 miles or more	Under 50 miles	50 miles or more	Under 50 miles	50 miles or more
Total with relatives or friends (in thousands) -----	321	213	216	169	104	40
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
Monthly visits -----	56.7	20.0	53.8	20.7	63.2	18.0
Other contacts only -----	16.2	39.4	18.9	40.5	10.9	36.3
No contact -----	18.9	32.4	19.0	30.9	18.4	36.2
Not reported -----	8.1	8.2	8.3	7.9	7.5	9.4

(table 4.3). Patients with only the more distant relatives were more likely to have had only letters, telephone calls, or gifts. The proportion of patients without social contacts of any kind was higher among persons with the more distant relatives; almost a third of this group had had no contacts of any kind in the preceding month.

Information on patients' leave was also obtained from the institution.³ Less than 1 out of 4 patients had had leave during the preceding 12 months (table 4.4). Patients in institutions for the mentally retarded and in the 18-64 age group had had the most leave; about 3 out of 10 had been on leave during the year. The aged, of whom about a tenth had had leave, had had the least. Residence on leave for almost all patients was the family home.

TABLE 4.4.—Leave last 12 months and residence on leave by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Leave and residence	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands) -----	648	422	112	115	460	181
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
No leave last 12 months -----	76.7	77.5	69.8	80.5	71.8	89.1
Leave -----	23.3	22.5	30.2	19.6	28.2	10.9
Residence at:						
Home of family -----	20.1	19.4	26.7	16.4	24.5	9.0
Home of friends -----	.9	.8	1.1	1.1	1.0	.6
Other ¹ -----	2.4	2.3	2.5	2.1	2.6	1.3

¹ Includes boardinghouse or room alone, nursing or foster care home, and other kinds of residences providing protective environment.

³ Institutions were asked to report any kind of leave during the past 12 months. Leave was defined as any overnight stay outside the jurisdiction of the institution.

Person the Institution Would Notify About Patient

The institution was asked to name the person it would notify about the patient's condition, supposedly someone close to the patient and concerned about his welfare. The relative most frequently named was a parent or brother or sister, each named for about a fourth of the patients (table 4-F). A child or a husband or wife was designated about half as frequently as a parent or brother or sister. The person designated varied by the patient's age and type of institution. For patients aged 65 and over, almost none had parents designated, but about 3 out of 10 had children designated; for the younger patients the opposite was true: almost 4 out of 10 had parents designated. Parents were designated as the persons to be notified for almost two-thirds of the mentally retarded. Husbands or wives were named more frequently for the chronic disease patients than for any other group.

Data not available from the institution were requested by mail questionnaire from the persons named by the institution as the person they would notify; 7 out of 10 of those requested provided usable data. Respondents were asked about their relationship to the patient, the patient's living arrangements at admission, and the patient's relatives living in the respondent's household at the time of the mail survey. Data from the respondent furnish information on the social relationships of institutionalized adults in addition to the information furnished by the institutional staff members.

Living Arrangements Before Admission

About 2 out of 4 institutionalized adults with relatives reporting had been living with relatives at the time they were admitted to the institution (table 4-G). One out of 8 lived alone. Parents and brothers or sisters were more frequently members of the household from which the patient went to the institution than husbands or wives or children. About a third of the patients were living with one or both parents, frequently with brothers or sisters, when they were admitted. A little more than a fifth lived with a husband or wife, and a little less than a fifth had children in the household.

These living arrangements varied by the patient's age and by type of institution. Older patients had lived alone or with a husband or wife or children more frequently than younger patients, who were much more likely to have lived with parents or with brothers or sisters. Patients in chronic disease facilities, many of whom were older persons, resembled the aged in their living arrangements before admission. The mentally retarded, a predom-

inantly young group, had lived almost entirely with parents or brothers or sisters. The married, of course, had lived with a husband or wife and children; the unmarried, with parents and brothers and sisters. Although patients who had lived with parents usually had lived with both parents, those who had lived with only one parent generally had lived with the mother.

About 2 out of 5 patients with relatives reporting had lived in a household with a parent as head of the family at the time of admission; this was more than half of all patients reported as living in a household at that time (table 4-H). About a seventh of the patients were themselves the family head; about a fourth were either the head of the household or married to the head. Among older patients and those in chronic disease facilities, nearly a fourth had lived alone, and the proportion with parents as head was small. Among the patients under 65, and especially among the mentally retarded, the proportion with parents as head was much larger—in fact, almost all the mentally retarded had lived in such a household. Married patients came from households in which either the patient or the husband or wife was head; unmarried patients were more likely to have lived in a parent's household.

Over half the patients with a respondent reporting had lived with that respondent at the time of admission, a parent being the most common respondent relation (table 4-I). A fifth of the patients had lived with a relative other than the respondent. More patients aged 18-64 had lived with the respondent; almost none of the older patients had lived with a parent respondent.

Relatives of Patient in Respondent's Household at Time of Survey

The discussion above describes the living arrangements of the patient at the time he was admitted to the institution. Information was also collected on the living arrangements of the patient's relatives at the time of the survey. Brothers and sisters and parents were most frequently living in the respondent's household at this time; almost two-fifths of the households included brothers and sisters, and a third included a parent (table 4-J). Husbands or wives and adult children were about half as frequently a household member. Older patients seldom had parents living in the household, but they had almost three times as many adult children as the younger patients and considerably more relatives not in the immediate family relationship than the younger patients. Over 2 out of 5 of the younger patients had a parent or brother or sister in the respondent's home.

Beneficiaries had considerably more adult children but consid-

erably fewer parents and brothers or sisters in the respondent's household. Supposedly these relatives were available for contact with the patient because they had lived with the patient or were themselves the persons the institution considered responsible.

Respondent Visits and Patient's Living Arrangements After Discharge

Four out of 5 respondents made a practice of seeing the patient at least occasionally during his institutionalization (table 4-K). Among these a fifth of the total saw the patient at least once a week and more than a fifth at least once a month. The others saw the patient not more than once in 6 months. About an eighth of all respondents contacted the institution only; the remainder—1 out of 20—never contacted the institution or the patient. Aged patients were likely to have more frequent visits than younger patients; beneficiaries had more frequent visits than nonbeneficiaries. The chronic disease patients, of whom two-fifths had once-a-week contacts, had the most frequent respondent contacts of any group. The mentally retarded, of whom less than 1 out of 20 had a weekly visit and almost 12 percent had visits less than once a year, had the least frequent respondent visits.

These reports from respondents correspond closely to data from institutional staff members on patient visits. Institutions reported that 41 percent of the patients with relatives or friends received visits at least once a month (table 4-C and discussion, page 65); 43 percent of the respondents reported that they visited the patients at least once a month.

Relatives and guardians were asked if they thought the patient was likely to be discharged and where he would live if he were. These respondents expected discharge for about an eighth of the patients then institutionalized (table 4.5).⁴ Of the patients for whom discharge was expected, 3 out of 5 were expected to live with relatives—more likely with a parent or a brother or sister—and a fourth would live in an institutional home such as a nursing home, foster care home, or home for the aged (table 4-L). Very few would live alone or with an unrelated person. Of those under age 65, fewer were expected to go to another institution. The data suggest that more of the aged for whom discharge was likely would be entering another institution, probably a nursing home or home for the aged.

⁴ See page 25 for a discussion of expected discharge from the institution's standpoint.

TABLE 4.5.—Relative's or guardian's expectation of patient's discharge by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Expectation of discharge	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total reported as still in institution (in thousands)	305	188	75	43	222	81
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
Discharge not expected -----	67.5	62.3	82.3	63.9	65.8	73.1
Discharge expected -----	13.5	13.5	10.2	18.7	13.6	11.6
Not reported -----	19.0	24.2	7.5	17.4	20.6	15.3

More than half the patients for whom discharge was expected would probably return to the same living arrangements. About 3 out of 4 of the others would live in a foster care or nursing home or home for the aged. Most patients under age 65 would probably have the same living arrangements as before admission; of those who would not, almost two-thirds would live in an institution or a foster care or nursing home.

TABLE 4-A.—Existence, type, and visits of relatives or friends by type of institution and patient's age and beneficiary status:
Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Relatives or friends	Total	Type of institution			Patient's age		Beneficiary status	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over	Beneficiary	Nonben- eficiary
Total number (in thousands) -----	648 100.0	422 100.0	112 100.0	115 100.0	460 100.0	181 100.0	240 100.0	408 100.0
Total percent -----								
Patient has no relative or friend ¹ -----	12.8	14.2	13.5	6.8	11.8	15.0	11.4	13.6
Patient has relative or friend ² -----	87.2	85.8	86.5	93.2	88.2	85.0	88.6	86.4
					Percent having specific type of relative			
Husband or wife -----	16.6	18.6	2	25.6	16.6	16.4	18.0	15.8
Parent -----	31.4	27.4	61.3	17.6	43.4	1.3	21.7	37.3
Brother or sister -----	42.7	45.2	44.6	31.6	47.7	30.6	36.8	46.1
Minor child -----	4.4	4.7	.5	6.9	5.9	.5	3.1	5.1
Adult child -----	18.1	19.0	.5	32.1	10.7	37.2	28.6	12.0
Other -----	29.4	26.4	24.1	45.8	26.0	38.4	34.0	26.7
					Percent with visits			
With monthly visits -----	36.0	33.1	20.2	62.0	33.9	42.3	45.1	31.1
Without monthly visits ³ -----	51.3	52.7	66.3	31.2	54.3	42.7	44.2	55.8

¹ Includes 2.5 percent not reported.

² Unduplicated total.

³ Includes 5 percent not reported.

TABLE 4-B.—Number of minor children by type of institution and patient's age and marital status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Children	Total	Type of institution		Patient's age		Marital status	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Married
Total reporting (in thousands)	389	240	77	73	282	104	73
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No minor children	76.9	76.1	87.0	68.8	75.8	79.7	57.7
Minor children	8.5	10.0	1.1	11.6	11.7	(¹)	28.1
1 child	3.4	4.2	(¹)	3.8	4.6	(¹)	10.4
2 children	2.0	2.2	(¹)	3.2	2.8	—	7.0
3 children	1.2	1.5	(¹)	1.7	1.7	(¹)	4.3
4 or more	1.9	2.1	(¹)	2.9	2.6	(¹)	6.4
Not reporting	14.6	13.9	11.9	19.6	12.5	20.1	14.2

¹ Less than 0.5 percent.

TABLE 4-C.—Contacts with relatives or friends by type of institution and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over with relatives or friends, fall 1967

Type of contact	Total	Type of institution			Patient's age	Beneficiary	Nonbeneficiary	Beneficiary status
		Psychiatric	Mentally retarded	Chronic disease				
Total number with relatives or friends (in thousands)	565	362	96	107	406	154	213	352
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Monthly visit	41.2	38.6	23.5	66.5	38.4	49.7	50.2	35.9
Only letter, phone, or gift	25.4	26.0	39.7	10.9	28.6	17.7	21.7	27.8
No contact	24.6	27.7	29.2	10.0	24.4	24.0	19.2	27.8
Not reported	8.8	7.7	7.6	12.6	8.6	8.6	8.9	8.5

TABLE 4-D.—Visits and relationship of visitors by type of institution and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over with relatives or friends, fall 1967

Visits and relationship of visitors	Total	Type of institution			Patient's age		Beneficiary	Nonbeneficiary	Beneficiary status
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over			
Total number with relatives or friends (in thousands)	565	362	96	107	406	154	213	352	
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
No monthly visits	58.8	61.4	76.5	33.5	61.6	50.3	49.8	64.1	
Monthly visits ¹	41.2	38.6	23.5	66.5	38.4	49.7	50.2	35.9	
Husband or wife	11.1	11.3	.1	20.4	10.9	11.9	12.5	10.2	
Parent	11.3	10.5	18.4	7.4	15.6	(²)	8.1	13.1	
Brother or sister	11.6	12.4	6.2	13.7	12.6	9.0	12.2	11.1	
Minor child	1.3	1.2	—	3.0	1.8	(²)	1.1	1.5	
Adult child	10.3	8.8	—	24.6	4.2	29.5	18.7	5.1	
Other	11.0	7.1	3.8	31.2	8.4	18.2	15.7	8.2	

¹ Unduplicated total.

² Less than 0.5 percent.

TABLE 4-E.—Contacts with relatives and friends by their residence, type of institution, and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over having friends or relatives, fall 1967

Type of contact and residence	Total	Type of institution			Patient's age	Beneficiary	Nonbeneficiary
		Psychiatric	Mentally retarded	Chronic disease			
Total number with relatives or friends (in thousands)	565	362	96	107	406	154	213
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Within 50 miles	56.9	56.2	36.2	77.8	53.2	67.7	63.8
Monthly visit	32.2	29.0	14.4	59.3	28.6	42.8	40.2
Other contact	9.2	10.5	10.3	4.0	10.1	7.4	8.6
No contact or not reported	15.4	16.7	11.5	14.4	14.5	17.6	15.0
50 miles or more	37.8	38.3	58.7	16.9	41.7	26.3	30.1
Monthly visit	7.5	8.1	8.3	5.1	8.6	4.7	7.7
Other contact	14.9	14.1	27.3	6.3	16.9	9.5	11.7
No contact or not reported	15.3	16.2	23.2	5.5	16.2	12.0	10.8
Distance not reported	5.3	5.4	5.2	5.2	6.0	6.2	4.9

TABLE 4-F.—Relationship of person to be notified of patient's condition by type of institution and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Relationship	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands)	648	422	111	115	460	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Husband or wife						
Parent	14.8	16.4	3	23.0	14.7	15.0
Child	28.8	23.7	62.9	14.3	39.5	1.5
Brother or sister	11.5	11.6	5	21.6	4.3	29.8
Other relatives	25.1	28.5	19.7	17.9	25.8	23.6
Friend	8.3	7.3	6.9	13.1	5.9	14.5
Unrelated person	2.9	2.7	1.6	5.3	2.3	4.7
Not reported	1.8	1.9	2.0	1.4	1.8	1.9
	6.8	7.9	3.4	5.7	5.7	9.0

TABLE 4-G.—Living arrangements at time of admission by type of institution, patient's age, and marital status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Living arrangements	Total	Type of institution			Patient's age		Marital status	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Married	Nonmarried
Total number reporting (in thousands)	389	240	77	73	282	104	73	316
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lived alone	12.5	12.6	.9	24.4	8.4	23.9	1.7	14.9
Lived with nonrelative only	2.8	3.5	1.2	2.4	2.6	3.5	.5	3.4
Lived with relative ¹	73.6	71.3	89.9	64.0	79.1	59.5	93.4	69.1
Husband or wife	22.1	26.2	2.5	29.1	19.6	28.6	88.1	6.8
Both parents	23.3	18.4	51.8	9.7	30.8	3.3	2.0	28.3
Father only	1.8	1.1	5.3	.5	2.4	—	(²)	2.2
Mother only	9.5	8.7	16.5	4.8	12.2	2.5	2.1	11.2
Children	18.0	20.5	2.7	26.0	15.1	25.8	47.6	11.2
Brother or sister	30.4	25.6	57.9	17.1	36.6	13.8	4.1	36.5
Other relative	7.4	6.8	9.2	7.8	7.3	7.9	2.5	8.6
In long-term hospital or institution	.9	.8	1.4	.8	1.0	.9	(³)	1.1
Other place	1.6	1.8	1.1	1.4	1.4	2.1	.5	1.9
Not reported	8.6	10.0	5.5	7.0	7.5	10.1	3.8	9.6

¹ Unduplicated total.

² Less than 0.5 percent.

TABLE 4-H.—Relationship of patient to head of household at time of admission by type of institution and patient's age and marital status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Living arrangements and relationship to head of household	Total	Type of institution			Patient's age	Marital status
		Psychiatric	Mentally retarded	Chronic disease		
Total number reporting (in thousands)	389	240	77	73	282	104
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Lived alone	12.5	12.6	.9	24.4	8.4	23.9
Lived with nonrelative	2.8	3.5	1.2	2.4	2.6	3.5
Lived in household	73.6	71.3	89.9	64.0	79.1	59.5
Patient was head	13.6	14.1	.9	25.3	11.6	19.1
Husband or wife was head	11.9	15.5	1.1	11.2	10.1	16.9
Parent was head	39.2	32.8	81.4	15.5	50.6	8.2
Child was head	2.2	1.9	—	5.5	.5	6.9
Other relative was head	6.8	6.9	6.5	6.6	6.2	8.3
Not in household	2.5	2.6	2.5	2.2	3.0	.6
Not reported	8.6	10.0	5.5	7.0	10.1	3.8

TABLE 4-I.—Living arrangements and relationship to respondent at time of admission by patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Living arrangements and respondent relationship	Total	Patient's age	
		18-64	65 and over
Total number reporting (in thousands) -----	389	282	104
Total percent -----	100.0	100.0	100.0
Lived alone -----	12.5	8.4	23.9
Lived with respondent -----	56.2	62.6	40.0
Husband or wife -----	14.1	13.8	17.1
Parent -----	24.0	32.6	.6
Brother or sister or child -----	14.0	12.5	17.7
Other relative -----	2.3	2.0	3.2
Nonrelative or relationship not reported -----	1.7	1.8	1.6
Lived with relative who was not respondent -----	20.0	18.4	20.6
Lived with unrelated person who was not respondent -----	2.7	2.6	3.4
Lived in hospital, institution, or other place -----	2.5	2.4	3.0
Not reported -----	6.1	5.6	9.1

TABLE 4-J.—Relatives in respondent's household by patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Relatives	Total	Patient's age		Beneficiary status	
		18-64	65 and over	Beneficiaries	Non-beneficiaries
Total number reporting (in thousands) -----	389	282	104	153	236
Total percent -----	100.0	100.0	100.0	100.0	100.0
Unrelated persons only -----	3.4	2.6	5.6	4.4	2.8
Relatives ¹ -----	95.3	96.2	92.8	94.1	96.1
Husband or wife -----	17.9	17.5	19.0	19.4	16.9
Minor children -----	6.3	8.3	.8	4.1	7.7
Adult children -----	18.3	11.3	37.5	27.6	12.2
Parents -----	32.3	43.6	2.2	23.1	38.3
Brother or sister -----	39.7	44.8	24.8	28.3	47.0
Other relatives (including in-laws) -----	23.7	19.2	36.3	28.2	20.8
Not reported -----	1.3	1.2	1.6	1.6	1.1

¹ Including respondent. Unduplicated total.

TABLE 4-K.—Respondent contacts with institution and patient by type of institution and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Contacts	Total	Type of institution			Patient's age		Beneficiary status	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Beneficiary	Nonbeneficiary
Total number reporting (in thousands) -----	389	240	77	73	282	104	153	236
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No contact	5.0	5.8	3.8	3.8	4.8	5.9	4.2	5.6
Contact with institution only	12.6	13.3	11.2	11.6	12.7	12.4	12.8	12.5
Contact with patient	80.1	78.5	83.7	81.5	80.3	79.2	80.1	80.1
At least once a week -----	20.7	18.8	4.2	44.2	17.8	28.5	24.3	18.3
Once a month -----	22.5	23.6	23.6	17.8	22.4	22.8	24.6	21.1
Once in 6 months -----	18.3	17.3	28.3	10.9	19.9	13.4	17.1	19.1
Once a year -----	10.4	10.4	15.8	4.9	11.7	6.7	7.8	12.1
Less than once a year -----	8.3	8.5	11.8	3.7	7.8	6.3	2.9	9.5
Not reported -----	2.3	2.4	1.2	3.0	2.5	2.5	2.9	1.8

TABLE 4-L.—Expected living arrangements after discharge and arrangements after discharge, compared with arrangements before admission, by patient's age: Percentage distribution of institutionalized adults aged 18 and over with expectation of discharge, summer 1968

Living arrangements after discharge	Total	Aged 18-64 ¹	Compared with arrangements before admission			Total ¹	Aged 18-64
			Total number reporting (in thousands)	Total percent	Total number reporting (in thousands)		
Total number reporting (in thousands)	41	30				41	30
Total percent	100.0	100.0				100.0	100.0
Will live with relatives ²	61.3	71.5	Same arrangement			51.6	59.4
Husband or wife	16.1	16.7	With respondent			48.8	56.4
Child	10.0	12.1	Other			2.8	3.0
Parent	31.2	39.9	Different arrangement			42.1	32.1
Brother or sister	20.7	23.9	With respondent			6.7	7.5
Other or not reported	12.4	15.5	With another person			2.2	1.5
Will live alone or with unrelated person	4.8	4.3	Alone			2.6	3.2
In foster care, nursing, or home for the aged	25.2	13.6	In institution or other place			30.6	19.9
Other place or not reported	8.7	10.7	Not reported			6.3	8.5

¹ Aged 65 and over omitted because total with age reported was under 10,000.

² Unduplicated total.

CHAPTER 5

Charges for Care

DATA ON CHARGES made by the institution and funds received by the institution were obtained through interviews with staff members and from institution records. Financial data were also obtained from the State or local government agencies that kept records for the institutions under their jurisdiction. Information on outside medical care and funds used to pay for it was obtained from the relative or guardian with responsibility for handling the patient's money.

Institutions were asked to report regular monthly charges for each patient in the sample and any additional charges besides those for lodging, meals, and nursing care. Institutions reported no regular charge for more than a third of their patients (table 5-A, end of chapter). Most patients in Federal institutions, but very few (under 10 percent) in private institutions were not charged. Table 5.1 indicates that younger patients and nonbeneficiaries of OASDHI were more likely not to be charged than older patients and beneficiaries.

The median monthly charge for all patients with charges was \$199. Patients in psychiatric institutions and in facilities for the mentally retarded had median charges of less than \$200; at \$125 the mentally retarded had the lowest. Charges in chronic disease facilities and private institutions averaged over \$400. Beneficiaries

TABLE 5.1.—Median monthly charge and proportion with no charge of institutionalized adults aged 18 and over, fall 1967

Charge	Age		Beneficiary status	
	18-64	65 and over	Beneficiaries	Nonbeneficiaries
Total number (in thousands) -----	460	181	240	408
Median charge of those with charges -----	\$170	\$279	\$232	\$186
Percent with no charge -----	42.0	18.6	21.2	43.8

had higher charges than nonbeneficiaries, and persons aged 65 and over had higher charges than patients under 65.

Median charges, of course, reflect the distribution of charges. More than a fourth of the patients in chronic disease institutions and two-fifths of the patients in private nonprofit institutions were charged at least \$500; only 1 percent of the mentally retarded and 2 percent of the psychiatric patients were charged this much (figure 8).

These figures on charges were for individual patients. Patients were also classified according to the "most frequent" standard charge of the institution (table 5-B). The median "most frequent" charge was consistently higher than the median "actual" charge because charges were reduced for some patients.

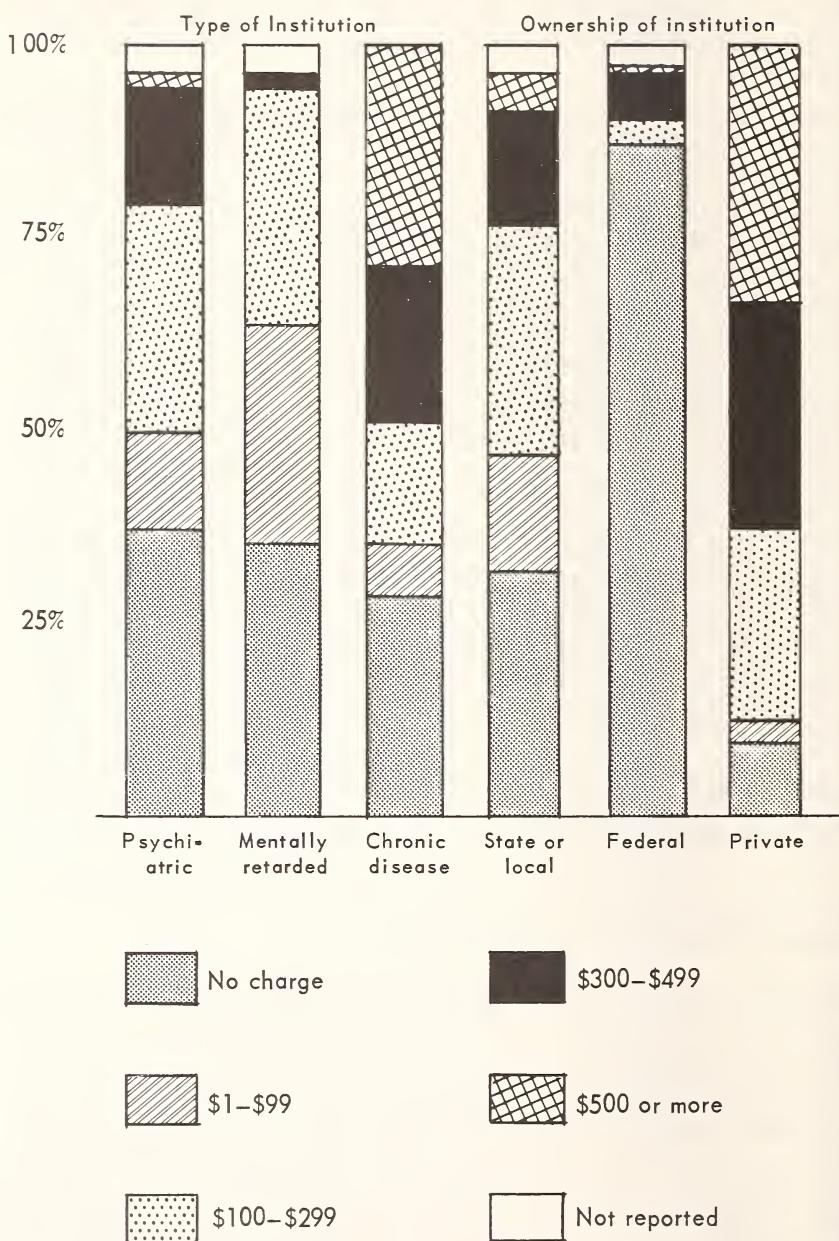
Monthly charges for over a fifth of all patients with charges were reduced from the institution's standard charge (table 5-C). The proportion of patients with reduced charges varied by type of institution, beneficiary status, and ownership of institutions. Patients in chronic disease and privately owned facilities had the smallest proportions with reduced charges—14 percent—and patients in institutions for the mentally retarded had the largest—39 percent.

Whether a patient was assessed the standard or a reduced charge or not charged at all was apparently determined by his ability to pay. If the patient was able to pay, he was charged; if not, he was frequently designated as a "no charge" patient. However, if he was able to pay some but not all, the charge was likely to be reduced to what he could pay rather than to no charge. This explains the fact that beneficiaries had a higher proportion of reduced charges than nonbeneficiaries but less than half as many had no charges (figure 9). In private institutions, patients with reduced charges were usually public assistance (PA) recipients.

Outside Medical Care and Total Charges

Relatives and guardians were asked to report charges for any medical care the patient received outside the institution in 1967. Only about 10 percent of those reporting indicated that outside care had been received (table 5-D). About twice as many patients in private institutions received outside care as patients in other institutions, most likely because more persons in private institutions had lived outside an institution for at least part of 1967. The mentally retarded, few of whom had lived outside an institution that year, had the lowest proportion—only 4 percent—receiving outside medical care.

FIGURE 8.—Monthly charges for lodging, meals, and nursing care of institutionalized adults aged 18 and over, fall 1967: Proportion of patients with no charge or specified charge by type and ownership of institution



Source: Table 5-A

The median annual charge for outside care in 1967 for all persons reporting charges was \$200. OASDHI beneficiaries had the lowest median charges, at \$160; nonbeneficiaries had the highest, at \$262.

Total annual charges were computed by multiplying the monthly charges by the number of months the patient had been in the institution during the year preceding the survey and adding any charges for outside medical care. The median annual charge for all patients with charges was \$1,910 (table 5-E). A tenth of the patients had less than \$500 total charges and a fifth had \$3,000 or more. Differences in total annual charges by type of institution and other characteristics were the same as differences in monthly charges: facilities for the mentally retarded were the lowest and private institutions were the highest.¹

Receipt of Funds by Institution

The institutions were asked to report funds they had received for each patient in the month before the survey month. Most of these funds were received as payment for the patient's care, but personal funds were included if the institution was the patient's financial administrator. Funds were not necessarily received in this month for every patient who had been assessed charges, of course, and personal funds were received by the institution as administrator for some patients without charges.

Funds were received for slightly more than half of all patients, about 10 percent less than had been assessed charges (table 5-F). The highest proportion of persons for whom funds were received was among OASDHI beneficiaries and persons aged 65 and over—funds were received for almost three-fourths of the persons in these groups. The institution received funds for less than 40 percent of the nonbeneficiaries. The median amount per patient for whom funds were received was \$149, compared with the median charge of \$199.

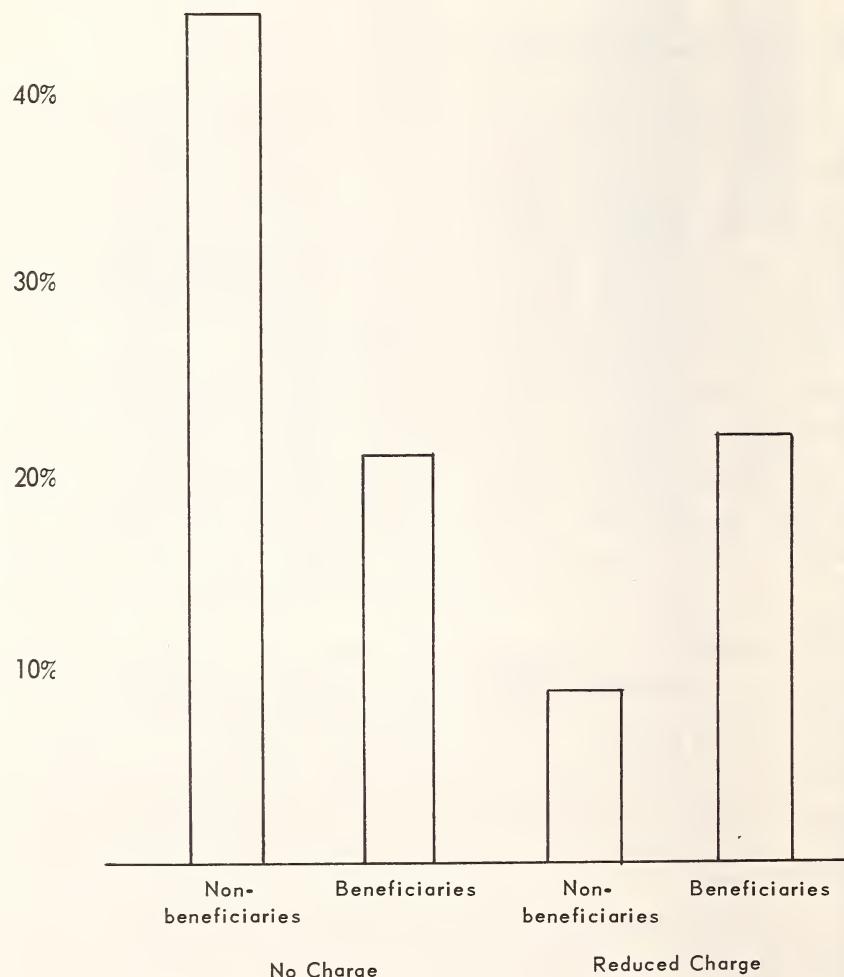
The distribution of patients by the amount received varied by patient characteristics and by type of institution (table 5-G). About 43 percent of all patients received no funds. About 19 percent received less than \$100, including 9 percent of the chronic disease patients and almost a third of the mentally retarded. Not less than \$500 was received for about 5 percent of all patients; this much was received for more than 20 percent of the chronic disease patients but for almost none of the mentally retarded.

¹ Persons in Federal institutions included 58,000 in VA hospitals, of whom only 2,500 reported charges, and 6,000 in other Federal hospitals, of whom 4,900 reported charges. About two-thirds of the patients in the latter hospitals reported charges of over \$5,000.

The mean amount for all patients for whom funds were received was \$235, varying from under \$100 for patients in institutions for the mentally retarded to almost \$500 for patients in chronic disease facilities.

Institutions were also asked to report the source of the funds they received. The most frequent sources reported were OASDHI, PA, and "other"—usually funds provided by the sponsoring agency, often a State or local government. Funds were reported from each of these sources for about 1 patient out of 7 and smaller proportions from the Veterans Administration, relatives, guard-

FIGURE 9.—Percent of patients with no charge and percent with reduced charges by beneficiary status: Institutionalized adults aged 18 and over, fall 1967



ians, and "other patient funds." These data did not necessarily reflect the importance of all sources. Money received by the patient or by a guardian from a public income-maintenance program and paid to the institution might be reported as private funds, depending on how the payment was made. Money received by the institution from a relative may have been from the patient's private funds, from the relative's funds, or from a public source.

Another confusing factor was the different institutional policies on payment. Some institutions assessed no charge if the patient was unable to pay; others made charges and recorded as payment funds received from the agency under whose auspices the institution was operating, frequently the State or county department of health or mental health. In both cases, presumably, the institution was receiving money from the sponsoring agency to meet the expenses of providing patient care.

Because of the complexities of the payment situation, no detailed analysis on payments to the institution was possible. One conclusion, however, seems valid: most payments for care in long-term medical care institutions came from public funds. Forty-three percent of all funds received in the preceding month were reported as from OASDHI, PA, and VA. These funds were definitely public. Another 43 percent were reported from health insurance and "other funds"; examination of the schedules indicated that in State and local institutions (which included 85 percent of the patients) health insurance was predominantly Medicare and "other funds" were from government sources. Only 13 percent of the funds reported as received from the patient or from a relative were from ostensibly private sources, but some of these, as indicated above, were probably originally provided through a public income-maintenance program.

These conclusions reflect the overwhelming predominance of government as the sponsoring agency for institutional care in long-term medical care institutions other than nursing homes. Even for patients in private institutions, a fourth to a half of the funds were from public sources.

Overdue Charges

Comparison of median charges with median funds received showed that the funds were consistently lower than charges (table 5-F). No attempt was made to balance these figures when the data were obtained, but the institutions were asked to report overdue charges on their books. About 1 out of 5 of those who were charged (table 5-H) had overdue charges. The proportion with overdue charges varied little by type of institution, beneficiary

status, or age, but the amount did. Patients in institutions for the mentally retarded averaged over \$8,000; nonbeneficiaries and patients under age 65 averaged over \$2,000. OASDHI beneficiaries and persons 65 and over owed an average of under \$1,000.

Hospital and Medical Insurance Payments

For persons aged 65 and over, the health insurance provisions of the social security program (Medicare) were available to those who qualified. About 1 person in 5 in this age range had hospital care paid for by Medicare during 1967; almost 1 out of 3 received reimbursement for medical care (table 5-I). Most hospital care was not psychiatric; less than a fifth of those receiving medical care reimbursements received them for psychiatric care. Even among patients in psychiatric hospitals, only half of those receiving reimbursements received them for psychiatric care. The numbers receiving hospital benefits were higher in the chronic disease and private facilities, lower in psychiatric and in Federal institutions.

Reimbursement for a median of 36 days of hospital care was provided; psychiatric and State and local facilities provided slightly more. Median reimbursement under medical insurance was \$231.

TABLE 5-A.—Monthly charges for lodging, meals, and nursing care by type and ownership of institution: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Charges	Total	Type of institution			Ownership		Private Total	Nonprofit 100.0
		Psychi- atric	Mentally retarded	Chronic disease	State or local	Federal		
Total number (in thousands)	648	422	111	114	548	64	36	30
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No charge	35.4	37.4	34.8	28.6	31.1	86.9	8.1	9.8
Less than \$50	8.8	7.7	16.9	4.9	10.2	—	2.0	2.3
\$50-99	5.3	4.8	10.9	1.7	6.2	—	.6	.7
100-199	16.9	20.7	18.0	2.4	19.8	—	3.1	3.7
200-299	9.5	7.6	13.1	13.2	9.4	2.5	22.7	18.2
300-499	14.5	15.6	4.9	20.1	14.6	6.2	28.9	25.0
500 or more	6.7	2.3	(¹)	29.1	5.6	1.1	34.4	40.3
Not reported	2.8	4.0	1.0	(¹)	3.0	—	—	—
Median charge of those with charges	\$199	\$179	\$125	\$418	\$181	(²)	\$430	\$466

¹ Less than 0.5 percent.

² Not shown where base is less than 10,000.

TABLE 5-B.—Most frequent monthly institutional charge by type of institution and ownership: Percentage distribution of institutionalized adults aged 18 and over, fall 1967¹

Most frequent charge	Total	Type of institution			Ownership		
		Psychiatric	Mentally retarded	Chronic disease	State or local	Federal	Private
Total number (in thousands)	648	422	111	114	548	64	36
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No charge	8.6	9.7	1.0	12.1	3.4	53.7	7.6
Less than \$50	6.4	4.7	17.7	1.6	7.5	—	—
\$50-99	6.9	7.4	10.6	1.3	8.1	—	3.4
100-199	20.5	25.4	22.8	(²)	24.1	—	—
200-299	14.2	13.1	21.8	11.0	15.5	2.5	15.7
300-499	16.2	16.8	6.4	16.4	8.2	8.2	29.4
500 or more	9.8	6.1	(²)	33.0	9.5	9.5	39.7
Not reported	17.3	17.0	19.3	16.8	17.1	26.1	4.2
Median most frequent charge	\$222	\$198	\$157	\$473	\$200	\$490	\$470

¹ Data provided by institution in answer to the question "What is your most frequent monthly charge for lodging, meals, and nursing care?" Institutionalized adults distributed according to the most frequent charge reported by the resident institution.

² Less than 0.5 percent.

TABLE 5-C.—Reduced charges and major reason for reduction: Institutionalized adults aged 18 and over by selected characteristics, fall 1967

Selected characteristics	Total with charges (in thousands)	Total with charges reduced (in thousands)	Percent of charges reduced	Reason for reduction ¹	
				Unable to pay	PA recipient
Total	400	90	23	17	3
Type of institution					
Psychiatric hospital or ward	247	51	21	16	2
Institution for mentally retarded	71	28	39	32	2
Chronic disease hospital	82	11	14	7	5
Ownership ²					
State or local	361	86	24	19	2
Private	33	5	14	2	9
Patient's age					
18-64	253	66	26	20	2
65 and over	143	25	17	13	3
Beneficiary status					
Beneficiary	183	54	29	23	3
Nonbeneficiary	217	37	17	12	2

¹ Percent of patients with charges.

² Federal omitted—only 6,000 patients with charges.

TABLE 5-D.—Outside medical care in 1967 by selected characteristics: Proportion having outside care and median annual charges of institutionalized adults aged 18 and over

Selected characteristics	Total number reporting (in thousands)	Percent with outside medical care	Median annual charges
Total number reporting	389	10.6	\$200
Type of institution			
Psychiatric hospital or ward	240	10.2	233
Institution for mentally retarded	77	4.0 ⁽¹⁾	
Chronic disease hospital	73	18.8	240
Ownership			
State or local	320	9.0	186
Federal	44	16.2 ⁽¹⁾	
Private	25	21.4 ⁽¹⁾	
Patient's age			
18-64	282	10.0	197
65 and over	104	12.3	233
Beneficiary status			
Beneficiary	153	13.9	160
Nonbeneficiary	236	8.4	262

¹ Not shown where base is less than 10,000.

TABLE 5-E.—Total annual charges for 1967¹ by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over

Charges	Total	Type of institution		Ownership			Patient's age	Beneficiary status	Non-beneficiary
		Psychiatric	Mentally retarded	Chronic disease	State or local	Federal			
Total number (in thousands)	648	422	111	114	548	64	36	460	181
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No charge	29.7	31.2	31.0	23.2	27.6	60.7	5.7	35.5	10.6
\$1-499	10.5	10.2	15.1	6.5	12.2	—	3.8	11.2	10.5
500-999	6.8	6.0	11.9	5.5	7.9	(2)	3.7	7.5	6.3
1,000-2,999	23.7	24.4	26.2	18.1	26.0	1.2	27.0	22.1	24.5
3,000-4,999	14.5	14.8	9.2	18.8	15.4	2.0	23.2	10.4	27.1
5,000-9,999	4.6	2.2	1.5	16.5	3.0	6.3	25.8	2.4	10.1
10,000 or more	1.5	.7	(2)	5.8	1.2	—	8.1	1.4	1.8
Not reported	8.6	10.3	4.9	5.6	6.5	29.6	2.7	9.4	8.9
Median charge ³	\$1,910	\$1,800	\$1,600	\$3,590	\$1,810	(*)	\$3,970	\$1,680	\$2,880
									\$1,830

¹ Includes outside medical charges, if any, and institutional charges.

² Less than 0.5 percent.

³ Median charge of those with charges.

⁴ Not shown where base is less than 10,000.

TABLE 5-F.—Charges and funds received in preceding month by selected characteristics: Proportion for whom institution made charges and received funds and median charges and receipts of institutionalized adults aged 18 and over, fall 1967

Selected characteristics	Total number (in thousands)	Percent with charges	Percent for whom funds received	Median charges	Median funds received
Total -----	648	61.6	52.2	\$199	\$149
Type of institution					
Psychiatric hospital or ward -----	422	58.4	49.7	178	143
Institution for mentally retarded -----	111	64.1	54.2	126	65
Chronic disease hospital -----	114	71.1	59.6	436	383
Patient's age					
18-64 -----	460	55.0	44.3	170	111
65 and over -----	181	78.9	73.0	283	265
Beneficiary status					
Beneficiary -----	240	76.1	74.2	232	148
Nonbeneficiary -----	408	53.1	39.3	186	149

TABLE 5-G.—Total funds received in preceding month by type of institution and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Total funds received	Total	Type of institution			Patient's age		Beneficiary status	
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Beneficiary	Non-beneficiary
Total number (in thousands)	648	422	111	114	460	181	240	408
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	43.3	45.0	44.8	35.4	51.1	22.7	21.2	56.3
Less than \$40	9.4	8.9	15.4	5.3	9.9	8.2	11.0	8.4
\$40-99	9.0	8.5	16.2	4.0	9.5	8.1	18.5	3.5
100-199	10.0	11.3	11.7	3.4	9.3	11.6	10.9	9.4
200-299	5.8	5.3	5.1	8.5	3.4	11.9	8.8	4.0
300-499	10.5	11.5	1.5	15.2	6.2	21.5	15.6	7.5
500 or more	4.5	1.2	(¹)	21.1	2.7	9.0	7.3	2.9
Amount unknown	3.1	3.2	4.0	1.9	3.2	2.7	2.3	3.6
Not reported	4.5	5.2	1.0	5.0	4.6	4.3	4.6	4.4
Mean fund received ²	\$236	\$193	\$97	\$482	\$191	\$298	\$239	\$233

¹ Less than 0.5 percent.

² Mean of those for whom funds were received.

TABLE 5-H.—Overdue charges by type of institution and patient's age and beneficiary status: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Charges	Total	Type of institution			Patient's age		Beneficiary	Non-beneficiary
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over		
Total with charges (in thousands)	400	247	71	82	253	143	183	217
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No overdue charges ¹	80.3	80.1	77.4	83.5	80.6	79.3	78.1	82.1
Overdue charges	19.7	19.9	22.6	16.5	19.4	20.7	21.8	17.9
\$1-999	8.6	9.2	7.5	7.4	7.1	11.2	11.1	6.3
1,000-2,999	4.3	4.0	3.6	5.7	4.3	4.4	4.7	3.9
3,000-4,999	1.5	1.6	1.9	.9	1.7	1.2	1.5	1.5
5,000 or more	5.4	5.1	9.6	2.4	6.3	3.9	4.5	6.1
Median overdue charges	\$1,560	\$1,340	\$3,210	\$1,240	\$2,020	\$860	\$960	\$2,290

¹ Includes 0.5 percent not ascertained on charges overdue.

TABLE 5-I.—Reimbursement for hospital and medical care under hospital and supplementary medical insurance programs in 1967:
Proportion of persons receiving care and median amounts reimbursed for institutionalized adults aged 65 and over

Reimbursement	Total	Type of institution ¹			Ownership	
		Psychi- atric	Chronic disease	State or local	Federal	Private
Total number of persons (in thousands) -----	181	117	61	146	13	22
Proportion with reimbursement:						
For hospital care -----	21.2	12.3	38.7	19.0	11.4	40.7
Psychiatric -----	2.6	4.0	—	3.2	—	—
Psychiatric and other -----	1.4	2.2	—	1.8	—	—
Other -----	17.1	6.1	38.7	14.0	11.4	40.7
For medical care -----	30.9	27.1	40.0	29.2	9.6	54.9
Median days of hospital care -----	36	41	35	42	(²)	(²)
Median amount of medical reimbursement -----	\$231	\$258	\$170	\$235	(²)	\$234

¹ Institutions for mentally retarded omitted because only 4,000 cases.

² Not shown where base is less than 10,000.

CHAPTER 6

Economic Resources

DATA ON THE 1967 income of institutionalized patients and their husbands or wives were obtained from relatives or guardians who reported that they handled funds for the patient. About two-thirds of the relatives and guardians reported that they did not take care of any money matters for the patient (table 6-A, end of chapter).¹ Data on income were restricted, therefore, to about a third of the patients with a reporting relative or guardian—a total of 135,000 patients. More beneficiaries than nonbeneficiaries and more aged than young (under 65) patients had a relative or guardian who handled their funds. Information on the patients' income from all sources in 1967 was requested from these respondents. For married patients the husband's or wife's income was included.

Of these 135,000 patients, over 80 percent had income in 1967, although the amount was fully reported for only about a third of them (table 6-B). Income was reported for over 90 percent of the married patients, more than half of whom reported completely. Almost 80 percent of the nonmarried had income, but the reporting was complete for only a fourth of them. Fewer nonmarried nonbeneficiaries had income than the members of the other groups, and very few of these had all amounts reported.

In 1967 the mean income of the married patients, including the husband's or wife's income, was over \$4,400. The mean for the nonmarried was \$1,180. Among married patients those under age 65 had higher incomes than those aged 65 and over; among the nonmarried the younger patients had only about half the income of the older patients. Married beneficiaries had less income than married nonbeneficiaries; among the nonmarried the situation was

¹ Because preliminary investigation indicated that very little information on income could be obtained from respondents who said they handled no funds for the patient, no data on income were available for these patients. There is no evidence to indicate if the patients whose relatives handled funds had more income or less income than those whose relatives did not or if the income data obtained were typical of all patients.

reversed, but the reporting base for nonbeneficiaries was very small.

Income Sources

A larger proportion of patients received income from OASDHI benefits than from any other source; 3 out of 5 of those who reported completely indicated such benefits (table 6-C). Among married patients the other most frequent source was earnings, which were reported almost as often as OASDHI; these earnings were about three times as likely to be a husband's or wife's earnings as a patient's earnings. A fourth of the married patients had income from VA payments, a fifth had employee pensions, and a tenth received public assistance.

Relatively few of the nonmarried had income reported from any source except OASDHI benefits, which were received by over three-fifths. About 1 out of 6 received income from VA payments, and less than a tenth received income from public assistance, pensions, or earnings. Among nonmarried nonbeneficiaries the most frequent source of income was VA payments, received by less than 1 in 4.

The greatest difference in source of income between married and nonmarried patients was in the proportion with earnings. Less than 10 percent of the nonmarried but over half the married had earnings. There were also differences in the proportion with earnings by age and by beneficiary status, but the marital differences were much more important. Even though patients aged 18-64 were much more likely than older patients to have earnings, 74 percent of the married patients under age 65, compared with only 12 percent of the nonmarried of that age, had income from this source. Similarly, more nonbeneficiaries than beneficiaries had earnings, but 72 percent of the married nonbeneficiaries and only 16 percent of the nonmarried nonbeneficiaries had income from this source. Almost none of the nonmarried aged or non-married beneficiaries had earnings.²

Data were available to calculate the mean income of those reporting such income for each source. Patients with no income and those with none reported or an unknown amount reported for the source were excluded. The figures indicate that the largest

² Income from OASDHI benefits was reported for 14 percent of the married and 9 percent of the nonmarried nonbeneficiaries. These benefits may have been received by a husband or wife who was a beneficiary although the patient was not; a patient who was nonmarried at the time of the survey may have qualified for benefits in 1967 after the survey month. In some cases the respondent may have confused some other source such as PA or VA with OASDHI.

amounts were received from earnings, where the mean was more than twice as large as for any other source. Estimates of the aggregate income received from each source, taking into account both the amount and the number receiving, indicate that husband's or wife's earnings and OASDHI together were the source of about half the total income received, with a husband's or wife's earnings contributing slightly more than OASDHI.³ Examination of the proportion of patients receiving income from the various sources (table 6-C) indicates that OASDHI is a large aggregate source of income because of the large number of patients who are beneficiaries, and husband's or wife's earnings are large because of the relatively large amounts received by patients having such income.

The differences in mean total income by age and beneficiary status (table 6-B) can be explained by the proportion of patients having both OASDHI benefits and earnings (table 6-C). When the proportion with earnings was high, as among the married, the group with the most members having earnings had the higher mean income. For example, married patients under 65 had higher incomes than older married patients, and married nonbeneficiaries had higher incomes than married beneficiaries. In both cases the groups with the lower mean incomes had many more members with OASDHI benefits, but the groups with higher incomes had considerably more members with earnings.

When the proportion of patients with earnings was low, as among the nonmarried, the groups with the most persons drawing OASDHI benefits had the higher incomes. The nonmarried older patients and beneficiaries who more frequently received benefit income but less frequently had earnings, had higher mean incomes than young nonmarried patients and nonbeneficiaries.

For one source of patient income—OASDHI benefits—data were also available from SSA beneficiary records. These data substantiate the amounts of OASDHI income reported by relatives and guardians but indicate that almost all beneficiaries received benefit income in 1967 instead of only 85 percent, as reported by the respondents (table 6.1). The income reported by SSA was for the institutionalized person only, but the income reported by

³ Husband's or wife's earnings accounted for 29 percent and OASDHI for 27 percent of the aggregate income reported. This ignores, of course, the cases in which income was reported but not amounts. If the mean of those reported for each source is used as an estimate of the unreported amounts and the aggregate recalculated on this basis, husband's or wife's earnings accounted for 27 percent and OASDHI for 23 percent of the estimated aggregate, and the other sources accounted for the other half. Although these estimates are not accurate enough for an analysis of proportionate shares, they do indicate the preponderance of husband's or wife's earnings and OASDHI in the income of institutionalized persons. In addition to the sources discussed above, some respondents reported income from contributions and from "other sources," but the amounts received from those sources were small.

TABLE 6.1.—Total OASDHI benefits received in 1967 by institutionalized adults aged 18 and over, as reported on SSA beneficiary records and by relative respondents

Benefits	SSA beneficiary records	Relative respondents ¹
Total reported (in thousands)	240	77
Total percent	100.0	100.0
None	.5	4.5
\$1-499	23.9	12.1
\$500-999	46.9	34.2
1,000-1,499	25.9	21.3
1,500 or more	2.8	8.1
Amount unknown	—	9.3
Not reported	—	10.5
Mean benefit income	\$785	\$918

¹ Includes benefits of husband or wife.

relatives and guardians included husband's or wife's income; this explains why the income reported by SSA averaged more than \$100 less than that reported by respondents. Since many of the respondents were not representative payees for the patient, it is not surprising that 15 percent of them were not aware of the patient's beneficiary income.⁴ Nine percent reported income from benefits but did not know the amount. The few beneficiaries who received no benefits in 1967, according to SSA records, were persons whose benefits had been suspended.

For another source of income—patients' earnings—data were available for 1966 to compare with the 1967 data. SSA earnings records showed that 1 patient out of 10 had covered earnings in 1966, averaging over \$2,100 (table 6.2). Relatives reported that about 1 patient in 12 had earnings in 1967, averaging over \$2,400.

Although the data are not strictly comparable because the 1966 figures do not include earnings in noncovered employment and earnings over \$6,600 in covered employment, the 1966 earnings data from SSA records show earnings levels similar to those reported by relatives and guardians. The figures suggest that more

TABLE 6.2.—Covered earnings in 1966 and total earnings in 1967: Proportion of institutionalized adults aged 18 and over and mean earnings for each year

Earnings	Covered earnings under SSA, 1966	Total earnings, ¹ 1967
Total number (in thousands)	648	135
Proportion with earnings	10.1	7.9
Mean earnings of those with earnings	\$2,142	\$2,417

¹ Data obtained from relative or guardian.

⁴ Six percent of the beneficiaries with respondents reporting on income had the institution as representative payee and 33 percent had no payee.

patients had earnings in 1966 than in 1967 because some persons institutionalized in 1967 had been able to work in 1966.

Assets

Respondents were asked if the patient or his wife (or her husband) owned a home or a business and to report the dollar value of any savings or other financial assets either or both owned. Three out of 4 patients had almost no assets, owning neither a home nor a business and having less than \$100 in financial assets (table 6-D). About half of those with assets—an eighth of the total—owned at least a home. The remaining eighth did not own a home but had other assets of \$100 or more in value.

Married patients had by far the largest proportion with assets. Almost 50 percent of the married patients owned homes, and close to 30 percent had other assets of at least \$100 in value. Persons in institutions for the mentally retarded had the fewest assets; only 1 out of 10 had assets worth \$100 or more and almost none owned a home. The aged (with a higher proportion married) had more assets than those under age 65; and beneficiaries (also with a higher proportion married) had more than nonbeneficiaries.

Considering financial assets only, 1 patient in 5 had assets with a median value of \$1,240 (table 6-E).⁵ A fourth of those with assets—about 5 percent of all patients—had under \$500. Less than 1 percent had \$10,000 or more. Only about 1 in 8 of the mentally retarded and nonbeneficiaries had financial assets. More of the old than of the young and more of the married than the nonmarried had assets. Patients aged 65 and over had the most money, with a median of almost \$1,800 in assets.

Patient Accounts

In addition to information on the patient's assets obtained from relatives or guardians, data were obtained from the institutions on money they held in accounts for the patients. Almost 9 out of 10 patients were in institutions that kept personal spending accounts; in most cases there was no limit on the amount of money that could be kept (table 6-F). Almost half the patients were in institutions that kept burial accounts and over a fourth in institutions that kept savings accounts.

Despite their availability, less than half the patients had funds in accounts (table 6-G). Beneficiaries were most likely to have funds in accounts—3 out of 5 reported such funds. Patients in chronic disease facilities were least likely to have funds in ac-

⁵ Financial assets included money in banks, savings and loan associations, and credit unions and the value of stocks, bonds, or "other assets," excluding homes, farms, other real estate, and businesses and professional practices.

TABLE 6.3.—Funds in all patient accounts by type of financial administrator: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Account	With representative payee				Other administrator	No administrator
	Total	Institution	Relative	Other		
Total number (in thousands) -----	182	74	69	39	159	307
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0
No accounts or no funds -----	29.3	11.7	42.8	38.3	46.5	72.8
\$1-99 -----	28.7	17.8	39.5	30.3	34.3	21.1
100-499 -----	27.0	41.8	14.1	22.0	11.8	4.1
500 or more -----	14.9	28.8	3.6	8.9	7.4	1.9
Median amount of funds for those with funds -----	\$168	\$326	\$36	\$101	\$43	\$22

count—only about 1 out of 4 did. The fact that chronic disease patients were generally institutionalized for shorter periods of time probably explains the smaller number with accounts.

For those patients with accounts, the median amount was \$61; 7 percent had at least \$500, and 2 percent, at least \$1,000. Patients in institutions for the mentally retarded and nonbeneficiaries had the smallest accounts, with median amounts under \$30; but 7 percent of the mentally retarded had at least \$500, compared with 3 percent of the nonbeneficiaries.

OASDHI beneficiaries had higher average accounts than other groups, averaging over \$170; 14 percent had at least \$500. However, there was considerable variation by type of representative payee (table 6.3). If the institution was payee, the median amount in the patient's account was \$326, and 29 percent had at least \$500. These amounts are almost 10 times greater than the corresponding figures for beneficiaries with a relative as payee. Few persons without administrators had accounts, and the median for those few who did was only \$22.

TABLE 6-A.—Relative responsibility for patient's funds and income status of patient by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Relative responsibility and income status	Total	Beneficiary status		Age	
		Beneficiary	Non-beneficiary	18-64	65 and over
Total number reporting (in thousands) -----	389	153	236	282	104
Total percent -----	100.0	100.0	100.0	100.0	100.0
Relative handles no funds -----	65.2	49.6	75.4	68.1	56.9
Relative handles funds -----	34.8	50.4	24.6	31.9	43.1
No income or not reported -----	6.2	4.0	7.6	6.2	6.2
Income -----	28.6	46.4	17.0	25.7	36.8

TABLE 6-B.—Proportion with 1967 income reported and mean income of those with complete reporting by marital status, age, and beneficiary status: Institutionalized adults aged 18 and over with relative respondent handling funds

Marital status, age, and bene- ficiary status	Total number with relative handling funds (in thou- sands)	Patients with income		Patients for whom income reporting was complete ³	
		Percent of total ¹	Percent with report on each income source ²	Percent of total	Mean income
Total -----	135	82	28	34	\$2,680
Married -----	41	93	48	52	4,430
Age:					
18-64 -----	26	92	48	52	5,140
65 and over -----	15	94	50	51	⁴ 3,190
Beneficiary status:					
Beneficiary -----	23	96	47	48	3,240
Nonbeneficiary -----	19	88	49	55	5,690
Nonmarried -----	94	78	20	26	1,180
Age:					
18-64 -----	64	76	16	24	870
65 and over -----	30	80	27	32	1,690
Beneficiary status:					
Beneficiary -----	54	90	28	29	1,500
Nonbeneficiary -----	39	60	8	23	⁴ 620

¹ Excludes those with no income or with no report on income.

² Excludes those with no income or with amounts from any source not reported.

³ Includes those with no income but excludes those with amounts from any source not reported.

⁴ Based on less than 10,000 cases.

TABLE 6-C.—Percent of persons receiving income in 1967, reported by source, who received income from specified sources by age, beneficiary status, and marital status:¹ Institutionalized adults aged 18 and over with relative respondent handling funds

Specified sources	Total	Patient's age		Beneficiary status	
		18-64	65 and over	Benefi- ciary	Nonbene- ficiary
Married					
OASDHI -----	60	47	82	96	14
PA -----	12	15	6	7	17
VA -----	24	24	25	29	19
Employee pensions -----	19	13	31	24	14
Earnings ² -----	55	74	22	42	72
Nonmarried					
OASDHI -----	63	58	72	95	9
PA -----	10	6	17	9	10
VA -----	17	18	15	14	23
Employee pensions -----	8	3	17	7	10
Earnings -----	8	12	2	3	16

¹ Base includes those with none reported from a specific source, but excludes those with no report or a report of unknown for that source.

² Includes husband's or wife's and patient's earnings.

TABLE 6-D.—Ownership of assets by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Characteristic	Total	Type of institution			Patient's age		Beneficiary status	Nonbeneficiary
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over		
Total number reporting (in thousands) -----	389	247	77	73	282	104	153	236
Total percent -----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than \$100 in assets ¹ -----	75.6	73.0	89.6	69.9	79.2	66.0	66.2	81.8
\$100 or more in assets -----	24.4	27.0	10.4	30.1	20.8	34.0	33.8	18.2
Home only ² -----	7.1	8.2	.5	9.9	6.8	7.4	7.6	6.7
Home and other assets ³ -----	5.3	6.1	(⁴)	8.2	4.1	8.7	6.2	4.7
Other assets only -----	12.0	12.8	9.7	12.1	9.9	17.9	20.0	6.8

¹ Includes 5.3 percent assets not reported.

² Includes 0.7 percent other assets not reported.

³ Other assets include business or at least \$100 in financial assets, including savings and stocks and bonds.

⁴ Less than 0.5 percent.

TABLE 6-E.—Financial assets by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Characteristic	Total	Type of institution		Patient's age		Beneficiary status		Marital status		
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over	Beneficiary	Nonbeneficiary	Married	Single
Total number reporting (in thousands) ---	389	240	77	73	282	104	153	236	73	316
Total percent ---	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No financial assets ---	68.9	65.4	83.6	64.8	72.9	58.2	57.4	76.5	58.2	71.4
Financial assets ---	19.8	21.5	12.2	22.2	17.0	27.7	29.5	13.5	31.1	17.2
\$1-499 ---	4.4	4.7	3.9	4.3	5.2	6.5	3.1	6.6	4.0	4.0
500-999 ---	3.0	3.1	2.3	3.1	2.7	4.0	4.6	1.9	3.6	2.9
1,000-1,999 ---	2.7	3.2	1.8	2.5	2.5	3.4	4.6	1.5	3.3	2.6
2,000-4,999 ---	2.6	2.5	2.1	3.5	4.5	3.8	1.8	4.2	2.2	2.2
5,000-9,999 ---	2.8	3.4	(¹)	3.2	2.0	5.0	4.4	1.7	4.9	2.3
10,000 or more ---	.8	.8	(¹)	1.3	(¹)	1.0	.8	.6	1.6	.5
Amount unknown ---	3.5	3.8	1.7	4.4	3.3	4.0	4.6	2.7	6.9	2.7
Not reported ---	11.3	13.1	4.3	13.0	10.0	14.0	13.0	10.1	10.7	11.4
Median amount ---	\$1,240	\$1,330	(²)	\$1,600	\$970	\$1,780	\$1,290	\$1,270	\$1,580	\$1,150

¹ Less than 0.5 percent.

² Not shown where base is less than 10,000.

TABLE 6-F.—Institutional accounts by type of institution and patient's age: Percent of institutionalized adults aged 18 and over with accounts available, fall 1967

Account	Total	Type of institution			Patient's age	
		Psychi- atric	Mentally retarded	Chronic disease	18-64	65 and over
Total number (in thousands)	648	422	111	114	460	181
Percent with—						
Some type of account						
Personal spending	93.9	99.2	98.5	70.1	95.6	89.6
Savings	87.1	90.8	94.1	66.7	88.5	83.5
Burial	28.7	25.0	52.7	19.2	31.0	23.1
Other	47.8	54.6	54.7	16.0	48.0	48.2
	10.5	8.9	18.9	8.5	10.6	10.5

TABLE 6-G.—Amount of funds in patient accounts by selected characteristics: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Amount of funds	Total	Type of institution			Patient's age		Beneficiary	Nonbeneficiary
		Psychiatric	Mentally retarded	Chronic disease	18-64	65 and over		
Total number reporting (in thousands)	648	422	111	114	460	181	240	408
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	154.2	51.8	43.6	73.3	56.9	46.4	39.5	62.8
\$1-49	21.6	21.2	33.5	12.1	23.7	16.6	17.9	23.9
50-99	4.8	5.1	4.4	4.0	4.0	6.8	6.4	3.8
100-299	8.1	8.9	7.2	5.9	5.6	14.4	14.1	4.6
300-499	4.4	5.1	4.5	1.6	3.3	7.3	8.5	1.9
500-999	5.0	5.7	5.6	1.8	4.2	7.1	10.1	2.0
1,000 or more	1.9	2.3	1.3	1.3	2.1	1.4	3.5	1.0
Median of those with funds	\$61	\$75	\$28	\$40	\$38	\$138	\$172	\$23

¹ Includes 26.6 percent with no accounts and 27.6 percent with no funds.

CHAPTER 7

Financial Administrators

OF THE 648,000 ADULTS institutionalized in the United States in 1967, 362,000 had some type of administrator to handle some or all of their financial affairs (table 7-A, end of chapter). SSA beneficiaries were more likely than nonbeneficiaries to have an administrator; over three-fourths of the beneficiaries but less than half the nonbeneficiaries had administrators. Among the beneficiaries those aged 18-64 were more likely than the older beneficiaries to have an administrator; 85 percent of the younger and 70 percent of the older beneficiaries had administrators.

For this study financial administrators were divided into two types—representative payees and other administrators. These two classifications were further divided into whether the administrator was a relative, an official of the institution, or another unrelated person—usually an attorney, banker, or public official acting as guardian.

A patient was considered to have a financial administrator under any of these three circumstances:

Institutions reported that an official of the institution or someone outside the institution had been designated as financial administrator for the patient's funds.

SSA records showed that a representative payee (that is, a person other than the patient) had been appointed to handle the patient's social security benefits.

A relative reported that he had been named as financial administrator or representative payee. The administrator's credentials were checked only through SSA records; the statement of the institution or relative was accepted.

Over 60 percent of the beneficiaries had representative payees appointed by SSA to be responsible for their benefits.¹ More of the

¹ SSA's basic policy is that every adult has the right to manage his own cash benefit payments unless he has been found incapable of doing so. Medical or legal evidence of an adult beneficiary's incapability to manage his benefit payments must be submitted before a payee will be chosen. Legal guardians, husbands or wives, or other relatives are preferred payees. However, SSA may appoint an institutional official or other person to serve as

patients aged 18-64 than aged beneficiaries had representative payees: almost three-fourths of the beneficiaries were under 65 and a little more than half of them, 65 and over (table 7-A). For all beneficiaries institutions were payees about as frequently as relatives, but age made a difference: relatives more frequently acted as payees for the younger beneficiaries and the institution, more frequently for the older. Less than 10 percent of the beneficiaries, regardless of age, had a payee such as a bank or lawyer that was not a relative or institution.

For the patient without a representative payee but with an administrator, the institution was by far the most frequent type: almost three times as many of these patients had institutional administrators as had relative or other administrators. The predominance of institutions as administrators in this group was especially pronounced among nonbeneficiaries and among the younger beneficiaries; less than half of the older beneficiaries in the group had an institutional administrator.²

Sources of Data on Patient Funds

Data on the receipt and use of patient funds by administrators were obtained from two sources—*institutions* and *relatives* acting as administrators. These data were only obtained from those institutions and from those relatives who reported that they acted as administrator, meaning that information on patient funds was obtained neither from all patients who were recorded as having an administrator nor from all who were recorded as having an institution or a relative as an administrator.

Data on patient funds were obtained from institutions for 228,000 patients—over a third of all institutionalized adults (table 7.1). These data were collected in the fall of 1967; they cover only funds that the patient himself received in the month preceding the survey interview and the use made of these funds. Data were obtained from the institutions for over 40 percent of the institutionalized beneficiaries and for about 30 percent of the institutionalized nonbeneficiaries.

payee. The representative payee must apply all payments to the beneficiary's use and benefit. Some patients with representative payees were classified as nonbeneficiaries if they were either eligible for benefits but had not been paid any benefits up to the time of the survey, or not eligible at the time of the survey but in receipt of their first payment in December 1967 or January 1968, when SSA records were checked to determine representative payee status.

² The institutions may not always have been aware that a patient had an outside administrator, and relative respondents only reported on themselves as administrators. Some noninstitutional administrators, therefore, may not have been reported.

TABLE 7.1.—Number and percent of institutionalized adults aged 18 and over with institution or relative respondent reporting as financial administrator and providing information on patient funds, by beneficiary status

Number and percent with reporting administrator	Total	Beneficiary status	
		Beneficiary	Nonbeneficiary
Reported by institution			
Total (in thousands) -----	648	240	408
Number with institution reporting as administrator ¹ -----	228	106	122
Percent of total -----	35.1	44.1	29.9
Reported by relative			
Total (in thousands) -----	389	153	236
Number with relative reporting as administrator ² -----	86	57	28
Percent of total -----	22.1	37.6	12.0

¹ Includes patients with relative or other payee or administrator for whom the institution also reported itself as administrator.

² Does not include patients with relative as payee or administrator unless relative respondent reported himself as administrator.

Data on handling patient funds were obtained from 86,000 (over a fifth) of the 389,000 relative respondents who completed mail questionnaires in the summer of 1968. The proportion of beneficiaries for whom reports were received (over 37 percent) was three times the proportion of nonbeneficiaries. The funds included the patient's own funds and funds from his family handled by the relative as administrator in the month preceding the completion of the questionnaire.

Because the data on patient funds from the two sources were collected at different times and because the data from relative administrators included family funds, the data from institutional administrators and from relative administrators are not strictly comparable. For this reason these data were not combined for any tabulations and are discussed separately.

Patient Funds Handled by Institution as Administrator

A fourth of the institutional administrators reporting on the receipt and the use of patient funds were representative payees (table 7.2). Among beneficiaries the proportions were about half representative payees and half other administrators, although the proportion of payees was slightly less than half among the beneficiaries aged 18-64 and almost 60 percent among those 65 and over.

Institutional records showed that funds were received in the month preceding the survey for 130,000 patients—57 percent of the 228,000 for whom the institution reported itself as administrator (table 7-B). No funds were received for about 80,000 patients—35 percent; for all but 9,000 of these patients, the institution reported that it usually received none. No records were available for the rest of the patients.

Funds were received for almost all beneficiaries for whom the institution was representative payee, for about two-thirds of the other beneficiaries, and for a little more than a third of the patients who were nonbeneficiaries or whose beneficiary status was unknown. There was little difference by age in the proportion for whom funds were received. Social security benefits were the most frequent source of funds, and about a third of all patients with the institution as administrator had income from this source.

The mean amount received for all patients for whom the institution reported itself as administrator and for whom reports were available was \$60 in the month preceding the survey. If patients who usually received no funds are excluded, the mean was \$89. Comparable figures for social security beneficiaries were \$91 and \$102, considerably higher amounts than the average received by nonbeneficiaries. Beneficiaries aged 65 and over received higher amounts than beneficiaries under 65.

The aggregate amount of funds received by institutions serving as administrator was over \$12 million. Of this amount 34 percent was from social security, 22 percent from public assistance, and 10 percent from the Veterans Administration. Receipts from relatives, guardians, or friends amounted to 9 percent of the total funds.

Institutional records were checked for information on the use of patient funds. Two-thirds of the patients had some of their

TABLE 7.2.—Institutionalized adults aged 18 and over with institution reporting as administrator: Percentage distribution by type of administrator, age, and beneficiary status

Type of administrator	Total	Beneficiary		Nonbeneficiary
		Aged 18-64	Aged 65 and over	
Total with institution reporting as administrator (in thousands)	228	56	50	122
Total percent	100.0	100.0	100.0	100.0
Institution as representative payee	25.9	48.2	57.8	2.2
Institution as other administrator only	74.1	51.8	42.2	97.8

funds used for personal needs—more than for any other purpose—and this proportion varied little by age or type of administrator or beneficiary status (table 7-C).

Although the number of patients with some of their funds used for personal needs was greater than the number with funds used for care and treatment, the amount of patient money used for care and treatment was much greater. Over three-fourths of the aggregate patient funds received were used for care but only 15 percent for patients' personal needs. This measure of the use of funds varied little by beneficiary status or type of administrator but considerably by age; older patients had a larger proportion of their funds used for care and treatment and a smaller proportion for personal needs than the younger patients.

The average amount used for care and treatment was \$47 for all patients with institutions as administrators, including those for whom no funds were received. The average used for personal needs was \$9. If only those patients for whom funds were used are considered, the averages are much higher, of course: for care, \$122, and for personal needs, \$20.

Patient Funds Handled in Preceding Month by Relative as Administrator

For about half the 86,000 patients with a relative reporting as administrator, the relative was representative payee (table 7.3). The proportion of representative payees was considerably higher among the younger beneficiaries: 4 out of 5 had a relative payee.

Relative respondents who reported that they were administrators received funds for over 7 of 10 patients (table 7-D). Funds

TABLE 7.3.—Institutionalized adults aged 18 and over with relative reporting as administrator: Percentage distribution by type of administrator and patient's age and beneficiary status

Type of administrator	Total	Beneficiary		Nonbene- ficiary
		Aged 18-64	Aged 65 and over	
Total with relative reporting as administrator (in thousands)	86	34	23	28
Total percent -----	100.0	100.0	100.0	100.0
Relative as representative payee -----	47.3	81.2	50.9	3.0
Relative as other administrator only -----	52.7	18.8	49.1	97.0

were received for beneficiaries more frequently than for nonbeneficiaries or patients whose beneficiary status was unknown. Among beneficiaries, patients aged 18-64 were more likely to receive funds than older patients, and beneficiaries with representative payees were more likely to receive funds than beneficiaries with other administrators.

The median amount received for those with all amounts reported, including those who received no funds, was \$66. Beneficiaries aged 18-64 and beneficiaries with relative payees received more than this, but the median for nonbeneficiaries, of whom over 40 percent received no funds, was zero. The median amount for those patients with funds and completely reported was considerably higher, of course, and was \$95 for all patients. Under this measure those nonbeneficiaries who did receive funds averaged higher amounts than the beneficiaries.

Although there were too few married patients with relative administrators reporting to allow for analysis of the married and the nonmarried by age or beneficiary status, the medians were almost twice as large for the married as for the nonmarried, as would be expected when funds received for husband and wife and children are included. The median for all patients with funds reported, including those with no funds received, was \$60 for the nonmarried and \$115 for the married. The median of those with funds only was \$85 for the nonmarried and \$146 for the married.

Social security benefits were by far the most frequent source of funds; almost 3 out of 5 relative administrators reported funds from this source. The only other source reported by as much as 10 percent of the administrators was Veterans Administration payments, which were received for about 1 out of 8 patients.

Data on aggregate funds received by relative administrators indicate that almost half of all funds were received from social security, about 15 percent from the Veterans Administration, and 7 percent from public assistance. For beneficiaries with relative payees, almost four-fifths of all funds were received from social security. For nonbeneficiaries over half of all funds were received from public assistance and the Veterans Administration.³

Three out of 4 relative administrators who disbursed funds during the preceding month used funds for the patient's personal needs; almost 3 out of 5 used funds for the patient's care and treatment (table 7-E). Fewer nonbeneficiaries than beneficiaries

³ Aggregate funds reported by relative administrators are not an exact total of all funds received because some amounts were not reported. An estimate of all funds received was made by using the mean of those with funds reported for each source as an estimate of the amount received but not reported. The estimated aggregate funds received showed almost the same proportionate shares as the reported figures.

had funds used for care, probably because nonbeneficiaries were less likely to be charged for care in the institution. The data suggest that beneficiaries aged 18-64 were more likely than older beneficiaries and beneficiaries with representative payees were more likely than beneficiaries with other administrators to have funds used for personal needs.

Available data on funds disbursed indicate that about half the total funds were used for care—a fifth for personal needs.⁴ There was little difference between beneficiaries and nonbeneficiaries in the proportions used for personal needs, but a larger share of funds was used for the personal needs of beneficiaries 18-64 than for aged beneficiaries. Relatives serving as representative payees also used a larger share of funds than other administrators for the patient's personal needs.

The mean amount used for the patient's care for all patients with complete reports, including those with a report of no funds disbursed, was \$55. The mean amount disbursed for personal needs was \$24. If only those patients with funds reported as used for care or personal needs are included, the averages were much higher: \$122 for care and \$43 for personal needs.

Patient Income and Assets and Money in Patient Accounts

The preceding discussion has involved patient funds handled by administrators during the month preceding data collection. Information was also obtained from relative-respondents on patient income in 1967 and on assets held by the patient at the time of the survey. The respondents providing this information were not necessarily financial administrators—income data were requested from all respondents who said they handled at least some of the patient's "money matters." These respondents were asked to report on the income of the patient and of the husband or wife when married.

Income data were discussed in chapter 6. Because these data were requested only from relatives or from noninstitutional guardians who reported that they handled funds, the data obtained are only for slightly more than half the persons with administrators. They were, therefore, not adequate for comparison by type of administrator because of the small number of cases for whom data were obtained and the omission of certain classes of administrators.

Information on assets, however, was not restricted to patients

⁴ About half the relative administrators did not report all amounts. For all funds reported 50.4 percent were used for care and 21.6 percent for personal needs. Estimating the aggregate using the means of those reported for unreported amounts gives 47.3 percent for care and 21.5 percent for personal needs.

with respondents who handled funds, but was obtained from all relative respondents. Reports from these persons showed that about a third of the patients with representative payees, compared to less than a fourth of the patients with other administrators, had assets of at least \$100 in value (table 7-F).

The patients with other administrators or with no administrators were much less likely to have financial or other assets than those with representative payees. When they had financial assets, patients with other administrators had median asset holdings (\$1,735) about \$600 higher than patients with representative payees or with no administrators.

From the standpoint of the relationship of the administrator, patients with a relative as administrator were more likely to have assets than patients with an unrelated person as administrator (table 7.4): half the beneficiaries with relative administrators (most of whom were representative payees) and almost as many nonbeneficiaries with relative administrators had assets of \$100 or more; but only about 1 patient in 6 with an unrelated person as administrator had this much. One beneficiary out of 3 with no administrator (about twice as many as among nonbeneficiaries with no administrator) had assets of \$100 or more. For those with financial assets, the median amount of such assets differed little.

Data on money in patient accounts were obtained from the institutions. Patients with administrators were more likely to have

TABLE 7.4.—Specified asset characteristics of institutionalized adults aged 18 and over by beneficiary status and relationship of administrator

Asset characteristics	Relationship of administrator		
	Relative	Institution or other	No administrator
Beneficiaries			
Total reporting (in thousands)	56	56	41
Percent with—			
\$100 or more in assets ¹	50.0	15.4	36.9
Owned home	16.2	5.2	22.4
Financial assets	46.8	14.3	26.9
Median financial assets of those with financial assets	\$1,195	(²)	\$1,075
Nonbeneficiaries			
Total reporting (in thousands)	10	81	145
Percent with—			
\$100 or more in assets ¹	43.6	15.7	17.8
Owned home	28.2	7.7	12.2
Financial assets	32.7	14.1	11.9
Median financial assets of those with financial assets	(²)	\$1,000	\$1,120

¹Home, business, or \$100 in financial assets (savings and stocks and bonds).

²Not computed on base of less than 10,000.

accounts than patients without administrators; patients with representative payees were more likely to have accounts and funds than patients with other administrators (table 7-G). The median amount for patients with representative payees, \$190, was several times as much as the median for patients with other administrators. Patients without administrators had very little money in accounts.

Demographic Characteristics of Patients

The discussion so far has dealt with patient income and assets by the financial administrator responsible for patient funds. The rest of this report compares patients with representative payees, patients with other administrators only, and patients without administrators by demographic, disability, family, and social characteristics.⁵ The reasons for institutionalization are also examined by type of financial administrator. Social security beneficiaries with representative payees receive special emphasis.

Beneficiaries with representative payees were older than other patients: their median age was 61 (table 7-H). As many were age 75 and over as were under 45. Patients with other administrators had a median age of 47, and patients with no financial administrators, a median age of 51. Many aged institutionalized persons qualify for benefits as special age-72 beneficiaries, retired workers, wives, or widows. A lower proportion of patients under age 65 qualify for disabled-worker or disabled-child benefits. On the one hand, two-thirds of the patients under 65 with representative payees were men (table 7-I) because men, more often than women, qualify for disabled-worker benefits. Women, on the other hand, constituted a larger proportion of aged patients with representative payees. They acquire benefit status as wives and survivors and remain on the rolls longer than men because they live longer than men.

At the time of the survey, half the beneficiaries with representative payees had never been married, a fifth were widowed, and a sixth were married. Older beneficiaries (age 65 and over) were more likely to have been widowed and less likely to have never been married. The patients with other administrators, being younger, were more likely to fall into the latter category. Most of the patients under age 65 with representative payees (72 percent) had never been married.

Patients with representative payees were also less likely to have minor children than other patients. Only 1 in 12 of the younger

⁵ For a more general description of these characteristics of institutionalized adults by age, beneficiary status, and type and ownership of institution, see chapter 2.

patients had children under age 18 (table 7-J). The fact that many of the institutionalized patients with representative payees as well as other institutionalized persons—particularly the patients under age 65—had not experienced a normal life cycle is underscored by a comparison with the severely disabled population not institutionalized in 1966. The 1966 survey found that 15 percent (age 18-64) of that group had never been married.⁶

The racial identification of institutionalized beneficiaries with representative payees reflects the general beneficiary population as well as the national population. About 9 out of 10 patients were white (table 7-I), and a lower proportion of patients with other administrators or no administrators were white.

The median years of schooling completed for patients with representative payee were under 8. One out of 5 had no schooling at all. Patients with other administrators or no administrators also had low educational attainment. Patients under age 65 usually had less education than those over 65, because many of them were disabled children with a severe mental retardation (table 7-J).

More than two-fifths of the patients, irrespective of administrator status, had never been employed. Most of those who had been employed at some time had worked at semiskilled or unskilled jobs. Among the patients with representative payees more than half under age 65 and three-tenths of the aged had never been employed, according to their next of kin. The younger patients, when they had worked, were more likely to have worked at semiskilled or unskilled labor than at white-collar or skilled blue-collar occupations; the aged, on the other hand, had worked as often at the higher level occupations as at the lower.

A fourth of the men, under age 65 as well as over, were veterans (table 7.5). However, because many more men have served in the military since 1940 than before, more of the younger men would have been liable for military service during their youth. Since they did not have a higher rate of military service than the older men, likely more of them had been found unfit for such service because of childhood disability.

Nearly two-fifths of the institutionalized persons with representative payees were in the Northeast (table 7-I), but only a fourth of all beneficiaries with representative payees lived in that region in 1967.⁷ The higher rate of institutionalization in the

⁶ See Lawrence D. Haber and Philip Frohlich, "The Severely Disabled in the Institutionalized and Noninstitutionalized Population," 1966 *Social Security Survey of the Disabled* (Washington: Social Security Administration, Office of Research and Statistics), Report No. 14.

⁷ See Office of Research and Statistics, *Social Security Beneficiaries Under Representative Payment, 1967-1968* (Washington: Social Security Administration, 1970).

TABLE 7.5.—Veteran status by type of administrator and patient's age: Percentage distribution of disabled adult men aged 18 and over, fall 1967

Veteran status	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	65 and over		
Total (in thousands) --	82	53	29	88	163
Total percent --	100.0	100.0	100.0	100.0	100.0
Veteran -----	24.5	24.2	25.2	28.4	25.0
Nonveteran -----	68.1	70.2	64.3	65.8	61.7
Not reported -----	7.4	5.6	10.5	5.8	13.3

Northeast than in the South and West is probably due to that region's having more long-stay facilities than the others and to the easier accessibility to facilities in the Northeast.

Patients' Disorders and Limitations

Most of the beneficiaries with representative payees were in institutions because of mental disorders—mental illness or mental retardation (table 7-K). Two-fifths under age 65 were mentally retarded; most of the others had mental illness. Four-fifths aged 65 and over were mentally ill. Because young and middle-aged mentally retarded patients have a high mortality rate, very few of the aged were mentally retarded.⁸ In addition, most institutionalized retarded adults could qualify for benefits only if they had been disabled since childhood. This likelihood would be greatly diminished for persons aged 65 and over whose parents ordinarily could not have met social security work requirements.

Physical disorders were the primary diagnoses of only 1 out of 10 beneficiaries with representative payees. Patients with other financial administrators or no administrators also more often had mental disorders than other conditions; but patients with no administrators, more often than patients with representative payees or other administrators, were institutionalized because of physical disorders.

Although data are incomplete, it is clear that persons under 65 became disabled at a much younger age, on the average, than persons aged 65 and over and that younger persons had been hospitalized as long as older persons. The younger patients suffered

⁸ For a discussion of death rates of disabled children, see Francisco Bayo, "Termination Experience of Disabled Child Benefits Under OASDI" (Washington: Social Security Administration, Office of the Actuary, 1968), Actuarial Note No. 46.

from disorders that often required many years of hospitalization such as schizophrenia and mental retardation present at birth or starting in childhood. But the aged were more often victims of chronic brain syndrome or other mental disorders resulting from physical deterioration of the brain occurring late in life. Their disablement and need for institutionalization were generally expected to continue. For example, nine-tenths of the patients with representative payees were not expected to be discharged within 6 months. However, a possible or expected discharge within 6 months was predicted for more than a fourth of the patients with no financial administrators. Information from relatives and guardians in the summer of 1968—about 9 months after the data from the institutions were obtained—confirmed the accuracy of these expectations. Less than 10 percent of the patients with payees, 14 percent with other administrators, and a fourth of the patients with no administrator were alive but no longer in an institution at this time (table 7-L).

As to general mental competence indicated by awareness of surroundings, two-thirds of the patients with representative payees under age 65 had no confusion compared to two-fifths of patients aged 65 and over, according to institutional staff members (table 7-K). Like the younger patients with representative payees, two-thirds of the patients with other administrators or no administrators had no confusion. Although most patients were aware of their surroundings, less than a fifth of the patients with financial administrators were reported as having the capacity to manage income, in comparison with a third of the patients with no administrators. About a fourth of all the patients were considered capable of managing spending money only.

A variety of reasons were offered by patients' relatives as explanation for institutionalization. Frequently two or more reasons were cited. Placement in institutions was most often attributed to "need for permanent care," "need for more care," "need for medical or nursing care," or "too hard to handle in the home" (table 7-L). Relatives were also asked to account for placement in the particular institutions in which the patients were situated at the time of the survey. Generally the institutions had been recommended by a doctor, or by an agency or court; other reasons for selection included "nearest to patient's home" or "provided care without charge."

Family Status, Living Arrangements, and Social Relationships

At the time of admission to the institution, three-fifths of the aged patients with representative payees lived alone or they or

their husbands or wives were the heads of their families, according to their next of kin (table 7-M). Three-fifths of the younger patients with representative payees had lived in homes in which their parents were head of household. This difference further illustrates that the aged patients, for the most part, became disabled and required institutionalization late in life after years of normal family living. But the younger patients usually had health problems which restricted the natural development of social and familiar patterns and perpetuated their dependence on parents and other relatives. Patients with other administrators or no administrators most often had lived in households in which a parent was the head.

About half the patients, irrespective of administrator status, had relatives or friends living within 50 miles of the institution (table 7-N). Three patients in 10 either had no relatives or their relatives did not contact them. The aged patients with representative payees, more often than the younger, had no known relatives in contact with them.

Because it is important to the well-being of patients—particularly mental patients—for relatives to maintain contact⁹ the survey included questions about this aspect. As expected, it was found that relatives living within 50 miles were more likely to visit at least once a month than relatives living at a greater distance (table 7-N). However, relatives far away more often telephoned or wrote letters.

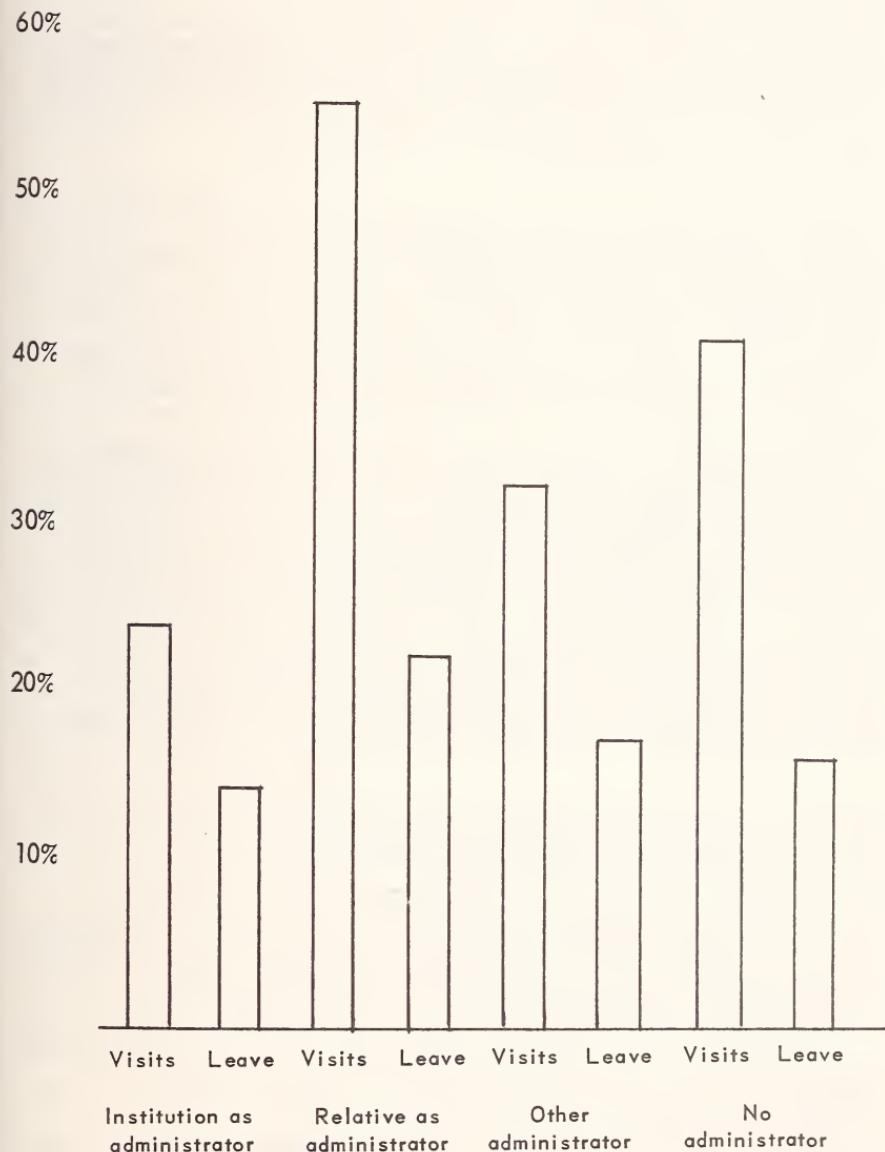
About 7 out of 10 relatives (next of kin) reported that they visited the patients at least once a year. About two-fifths of the patients were visited by next of kin at least once a month. The patients who had been institutionalized the longest were visited the least. The data do not provide an explanation as to whether relatives moved away, died, or became unable to visit for other reasons. Most of the relatives who did not visit the patients did maintain contact with the institutions.

The social relationships of institutionalized patients were also related to whether they had a relative as an administrator. Comparison of patients by relationship of administrator showed that patients with a relative as administrator were more likely than patients without administrators or with the institution as administrator to have visits (table 7.6). Patients with relative administrators also had more frequent leave than other patients (figure 10).

Although patients with relative administrators were more likely to have relatives or friends than other patients, and although the

⁹ For a discussion of the value to mental patients of visiting and telephoning, see E. M. Stern, *Mental Illness—A Guide for the Family* (New York: Harper and Row, 1968), pp. 88-95.

FIGURE 10.—Proportion of patients with visits more than once a month and with leave more than once a year, by relationship of administrator: Institutionalized adults aged 18 and over, fall 1967



Source: Table 7.6

visits and leave discussed above were not necessarily with those relatives who were the administrators, the data suggest that relatives who were administrators maintained closer contact with institutionalized persons than relatives who were not financially responsible. The data show that patients with administrators who were not relatives had fewer visits from relatives or friends than other patients.

Data on the contacts of outside administrators with the institution and with the patient (table 7.7) also show that isolation was less when the administrator was a relative. Relative administrators were more likely than other administrators to contact the institution, to visit the patient in the institution, or to have the patient visit them.

Other comparisons by relationship of administrator (table 7.6) showed that patients with relative administrators had shorter current stays in the institution than patients with institutional administrators, although not so short as patients without an administrator. Data on duration of disability showed that patients for whom the institution was administrator had been disabled the longest.

At the time of admission to an institution, more than half the patients were living with relatives. Three-fifths of the younger patients with representative payees were living with relatives, compared to two-fifths of the aged (table 7-N). More of the aged lived alone. The younger patients had most often lived with their parents, whereas the aged were living with their husbands or wives. About 1 out of 5 patients with representative payees or other administrators had been transferred to the institutions from other medical facilities compared to a tenth with no administrator.

TABLE 7.6.—Selected characteristics of institutionalized adults aged 18 and over by relationship of administrator, fall 1967

Characteristics	With administrator				Without administrator
	Total	Institution	Relative	Other	
Total (in thousands) ¹ —	309	199	79	31	307
Percent with—					
Relatives or friends	87.4	83.9	96.6	86.0	87.9
Visits at least once a month	32.8	24.1	55.2	32.2	41.3
Leave more than once a year	16.2	13.7	22.2	17.3	16.2
Median length of current stay (years)	7.1	8.2	5.4	5.8	3.5

¹ Excluding nonbeneficiaries with representative payees.

TABLE 7.7.—Proportion of outside administrators with specified contacts with institution or patient by relationship to patient: Institutionalized adults aged 18 and over with outside administrator reported by institution, fall 1967

Contacts	Outside administrator	
	Relative	Other
Total with outside administrator (in thousands)	45	55
Percent who in last year—		
Contacted institution	47.8	25.8
Visited patient in institution	47.8	18.2
Visited patient outside institution	22.3	6.5

Benefit Factors

The institutionalized beneficiaries with representative payees—both those under and over age 65—had been entitled to social security benefits for a median of over 6 years (table 7-O). Generally, patients had their current payees for about half the duration of entitlement. The data do not show how long the patients had been incapable of managing finances or whether the current payee had been the sole payee.

More than half the patients under age 65 had been disabled as children (table 7-P). Almost all others were disabled workers. In contrast, nearly half the aged were retired workers. A third were special age-72 beneficiaries, and the remainder were either husbands or wives or widows.

Median monthly benefit amounts of patients with representative payees under age 65 (\$72) were considerably higher than the amounts for the aged patients (\$44) in 1967 (table 7-Q)—primarily because so many of the aged were receiving the lower special age-72 benefits.

For all of the year 1967 the patients under age 65 received median benefits of \$846; those over, \$556.

About a fifth of the patients with other financial administrators or no administrators were known to be receiving social security benefits. Some of them, although institutionalized for psychiatric reasons, evidently had not been identified as incapable of handling their benefits. Others, of course, were institutionalized for physical disorders.

Type of Representative Payee

The Social Security Administration prefers a relative to act as a representative payee, but sometimes an institution or an unrelated person is made payee. The discussion in this section concerns the type of payee selected by patient characteristics.

About the same number of institutionalized beneficiaries had the institution as payee as had a relative as payee (table 7-R).¹⁰ Relatives or institutions served as payees for all but 10 percent of the beneficiaries. The "other" payees usually were bankers, attorneys, or public officials. Age was related to payee selection in that patients under age 65 were more likely to have a relative as payee and older patients were more likely to have the institution.

Relatives were most likely to be payees for married patients, regardless of age, and for nonmarried patients under age 65. The institution was most frequently the payee for nonmarried patients aged 65 and over.

Patients with a likelihood of discharge in 6 months were more likely to have a relative payee than the institution as payee. Persons without expectation of discharge were about as likely to have an institutional as a relative payee.

The representative payee selection process did not vary by race: both white patients and minority race patients were equally likely to have relatives or institutions for payees.

Patients with a primary diagnosis of mental illness most often had relatives rather than institutions as payees, if they were under age 65. However, if they were 65 and over, the reverse was true. Mentally retarded patients, nearly all of whom were under 65, were as likely to have institutions as payees as they were relatives.

Patients who had been institutionalized for less than 5 years were likely to be represented by relative payees; whereas patients hospitalized for 10 years or longer more often had institutional payees.

Men who were military service veterans were far more likely, irrespective of age, to have relatives as payees than were non-veterans. A record of military service indicated former good health. Patients who had experienced good health as adults, more often than patients who had not, had wives and children as potential representative payees at the start of their incapability.

When husbands or wives or parents were on record at the institutions as next of kin, relatives were the most frequent payees. Relatives were more often payees also for older patients when children were designated next of kin than when brothers and sisters or other relatives were next of kin.

¹⁰ SSA program data for 1967 showed that 51 percent of institutionalized persons under representative payment had a relative and 37 percent had the institution as payee. See *Beneficiaries Under Representative Payment, 1967-1968* (Washington: Social Security Administration, Office of Research and Statistics, 1970), table G. These data include persons in nursing homes, a higher proportion of whom had a relative as payee than persons in other types of institutions.

When relatives visited or made other contact with patients (once in 6 months or more often), payees were usually relatives. When relatives lived within 50 miles of the institution, they were the likely payees; when relatives lived more than 50 miles away, the payee was as likely to be an institution as a relative.

Amount of benefit was definitely associated with type of payee. Patients with higher monthly benefits—especially those 65 or over—were usually represented by relatives.

Duration of entitlement had no connection to payee selection for patients under age 65, but it was a major factor for the aged (table 7-O). A third of the patients aged 65 and over had been entitled to benefits between 1 and 2 years. They became beneficiaries when the special age-72 provision took effect in 1966—and had, therefore, been entitled for a year or less. Generally the institutions filed on behalf of these patients and were appointed representative payees. For example, 46 percent of patients aged 65 and over with institutions as payee had been entitled 1 year or less, as contrasted with 9 percent of patients with relatives as payee.

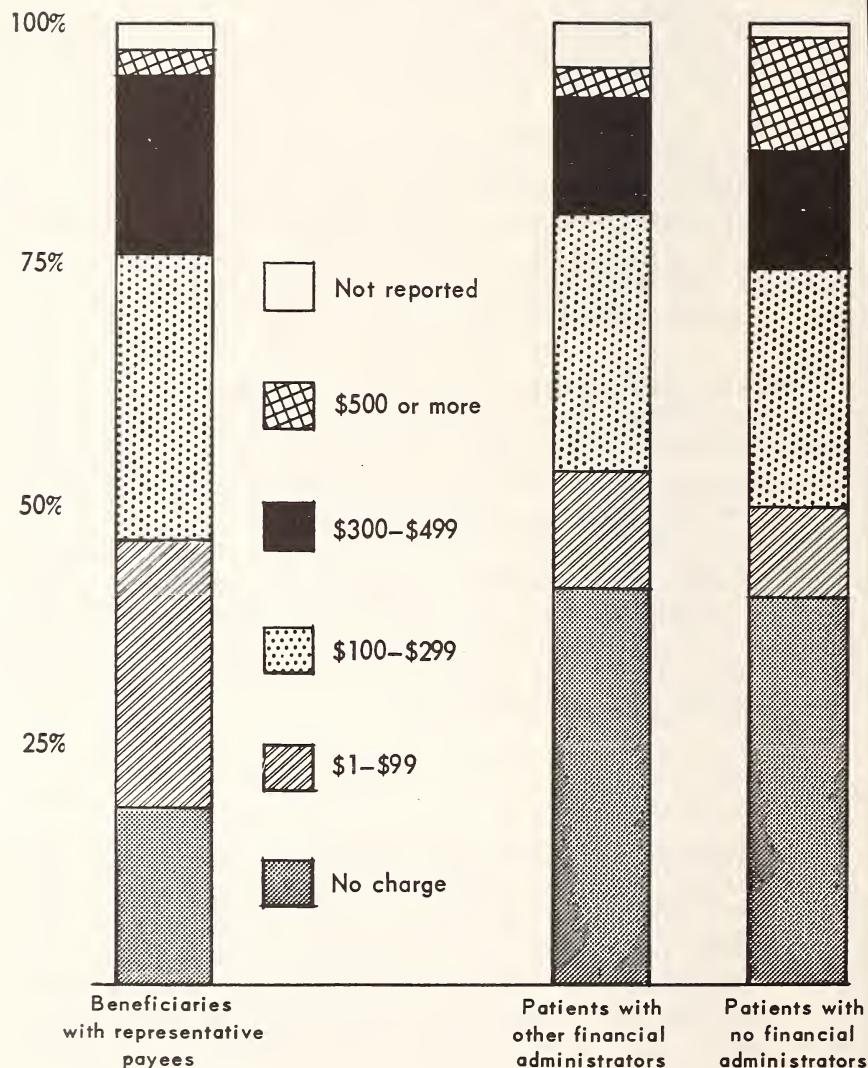
Financial support was not generally provided to patients by next of kin (other than husband or wife) regardless of whether institutions or relatives were representative payee (table 7-S). However, when financial assistance was given, relatives were about three times as likely to be payee as institutions.

The same sort of economic nexus is apparent in asset holdings. When patients had financial or other assets (including homes or business investments), there was an overwhelming likelihood (about 8 to 1) that relatives would be payee. Yet, when patients had no assets, institutions and relatives were equally likely to have been appointed representative payee.

Charges

Data were also obtained from institutional records and staff members on the monthly charges for care for each sample patient (table 7-T) which show that nearly a fifth of the patients with representative payees, compared to two-fifths of the patients with other administrators or no administrators, were not charged for their care (figure 11). More than a fourth of the representative payee patients had charges of \$1 to \$99 per month; close to a third were charged \$200 or more per month. The median charge for those with charges was \$158 for patients with representative payees; \$189 for patients with other administrators; and \$255 for patients with no administrators. Charges usually fall short of institutional expenditures for maintenance of resident patients.

FIGURE 11.—Monthly charge for lodging, meals, and nursing care of institutionalized adults aged 18 and over, fall 1967: Proportion of patients with no charge or specified charges by type of administrator



Source: Table 7-T

Mean expenditures in fiscal year 1967 approximated \$265 a month per resident patient in public institutions.¹¹

Charges for patients under age 65 with representative payees were considerably lower, on the average, than for those 65 and over, and more of these younger patients were not charged for their care. This disparity is attributable to a policy at some State institutions of charging less for retarded patients (nearly all of whom are under 65) than for psychiatric patients.

Less than two-fifths of representative payee patients under age 65 were charged a standard rate (table 7-U), though patients aged 65 and over were more often charged this rate. The reason usually given for charging reduced rates was that the patient or a person acting for him had been unable to pay the standard charge.

Comparison by beneficiary status and type of representative payee indicates that social security beneficiaries were more likely than nonbeneficiaries to be charged for their care (table 7-V). This was especially true for beneficiaries with an institutional payee; only 12 percent of them were not charged. Beneficiaries with representative payees were also more likely than other patients to have charges reduced. These differences imply that persons with regular income were less likely to be given care without charge than other patients and that patients with regular income who were incapable of managing their income were more likely to have their charges reduced than other patients.

In the month preceding the survey, institutions received funds for almost 4 out of 5 patients with representative payees; for more than half of the patients with other administrators; and for about a third of the patients without administrators (table 7.8). Most of these funds were received as payment for care and treatment, but some were received by the institution as representative payee or administrator. Thus funds were received for more patients than had charges among patients with administrators. The median amount received in the month was about \$100 for beneficiaries with representative payees and for patients with other administrators. Patients without administrators received about twice as much.

More detailed comparisons by type of payee and by beneficiary status (table 7-V) show that funds were received for a higher proportion of beneficiaries than nonbeneficiaries and that the institution as representative payee received funds for a higher

¹¹ See National Institute of Mental Health, "Provisional Patient Movement and Administrative Data—State and County Mental Hospitals, United States," *Mental Health Statistics—Current Facility Reports*, Series MHB-H-12, and "Provisional Patient Movement and Administrative Data—Public Institutions for the Mentally Retarded, United States," *Mental Health Statistics—Current Facility Reports*, Series MHB-I-12 (Washington: National Institute of Mental Health, 1968).

TABLE 7.8.—Proportion with charges, proportion for whom funds were received, and median funds received by the institution for institutionalized adults aged 18 and over by status of administrator, fall 1967

Charge and payment characteristics	With representative payee ¹	With other administrator	Without administrator
Total (in thousands) -----	150	159	307
Percent with—			
Charges -----	78.7	53.1	57.5
Funds received -----	81.2	55.7	35.0
Median funds received -----	\$100	\$115	\$266

¹ Excluding nonbeneficiaries with representative payees.

proportion of patients—almost 19 out of 20—than for any other group. Beneficiaries without representative payees provided the largest median amounts.

TABLE 7-A.—Type of financial administrator by age and beneficiary status: Number and percentage distribution of institutionalized adults aged 18 and over, fall 1967

Type of administrator	Total	Beneficiary status			Nonbeneficiary
		Total	Aged 18-64	Aged 65 and over	
Number (in thousands)					
Total -----	648	240	113	127	408
With representative payee -----	182	150	83	67	32
Institution -----	74	68	32	37	6
Relative -----	69	66	44	23	3
Other -----	39	16	8	8	23
Administrator other than payee -----	180	35	13	22	145
Institution -----	131	20	10	10	111
Relative -----	34	12	3	9	22
Other -----	15	4	1	3	12
With no administrator	286	55	17	38	231
Percent					
Total -----	100.0	100.0	100.0	100.0	100.0
With representative payee -----	28.0	62.5	73.3	53.0	7.8
Institution -----	11.4	28.4	28.0	28.9	1.4
Relative -----	10.6	27.6	38.4	17.9	.7
Other -----	6.0	6.5	6.8	6.2	5.7
Administrator other than payee -----	27.8	14.5	11.7	17.0	35.7
Institution -----	20.3	8.2	8.6	7.9	27.3
Relative -----	5.2	4.8	2.4	6.9	5.5
Other -----	2.3	1.5	.7	2.2	2.9
With no administrator	44.2	23.0	15.1	30.0	56.5

TABLE 7-B.—Receipt and source of patient funds in preceding month by institution as administrator and patient's age, beneficiary status, and type of administrator: Percentage distribution by receipt status of institutionalized adults aged 18 and over, fall 1967, with institution reporting as administrator, and aggregate shares of funds received from specified sources

Receipt and source of funds	Total	Beneficiary status			
		Beneficiary		Nonbeneficiary	
		Institution as representative payee	Institution as other administrator only	Aged 65 and over	Aged 65 and over
Total number with institution reporting as administrator (in thousands)					
Total percent	228	27	29	21	1122
100.0	100.0	100.0	100.0	100.0	100.0
No funds usually received ²	30.8	.4	1.7	18.4	48.1
Funds usually received but none last month	3.9	.4	.4	2.4	5.6
No record of receipt of funds	7.9	3.2	3.1	14.5	9.0
Funds received and reported	57.4	96.0	94.8	64.7	37.3
Aggregate funds received (in thousands)	\$12,450	\$2,050	\$2,550	\$2,040	\$3,550
Percent from—					
OASDHI	34.5	82.1	48.7	30.9	23.1
PA	22.1	5.0	20.8	23.5	19.1
VA	9.9	4.7	3.0	23.6	.4
Relative, friend, or guardian	8.8	.5	.9	12.7	14.2
Other	24.7	7.7	26.6	9.3	43.6
Mean of all in institution for whom records were available	\$60	\$77	\$92	\$78	\$132
Mean of all for whom funds usually received	89	78	93	105	162

¹ Only 16,000 nonbeneficiaries were aged 65 and over.

² Includes 1.4 percent not in institution in preceding month.

TABLE 7-C.—Use of funds received in preceding month for institutionalized adults aged 18 and over by institution as administrator: Percent of patients with funds used for personal needs and percent of funds used for specified purposes by patient's beneficiary status, age, and type of administrator.

Use of funds	Total	Beneficiary status			Nonbeneficiary
		Institution as representative payee	Institution as other administrator only	Aged 65 and over	
Total number with funds received (in thousands)	130	26	27	18	13
Percent with funds used for personal needs	66.4	70.8	66.1	71.4	66.4
Aggregate funds received (in thousands)	\$12,450	\$2,050	\$2,550	\$2,040	\$2,250
Percent used for—					\$3,550
Care and treatment	78.5	69.8	83.9	72.1	89.3
Personal needs	15.1	22.4	9.8	20.1	7.1
Other	6.4	7.8	6.3	7.8	3.6
					6.8

TABLE 7-D.—Patient funds received in preceding month and reported by relative as administrator, by patient's age and beneficiary status and type of administrator: Percentage distribution of institutionalized adults aged 18 and over, summer 1968, with relative reporting as administrator, and median amounts received

Funds received	Total	Beneficiary				Non-bene-ficiary	
		Type of administrator		Age			
		With relative as repre-sen-tative payee	Rela-tive as other admin-istrator only	18-64	65 and over		
Total number with relative reporting as administrator (in thousands)	86	40	¹ 18	34	23	28	
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	
No report on funds	6.3	2.9	10.8	5.0	5.8	8.3	
Report but no funds received	20.9	3.8	25.4	5.0	18.7	42.2	
Funds received	72.8	93.3	63.8	90.0	75.5	49.5	
Some amounts not reported	22.5	31.1	16.3	32.3	18.0	14.3	
All amounts reported	50.3	62.2	47.5	57.7	57.5	35.2	
Median of all with complete reporting (including no funds received)	\$66	\$80	\$61	\$86	\$64	0	
Median of all with funds received and all amounts reported	95	85	106	92	85	119	

¹ Too few cases to break by age.

TABLE 7-E.—Use of funds disbursed in preceding month for institutionalized adults aged 18 and over, summer 1968, with funds disbursed by relative as administrator: Percent of patients with funds used for specified purposes by patient's age, beneficiary status, and type of administrator

Funds received	Total	Beneficiary				Non-bene-ficiary	
		Type of administrator		Age			
		With relative as rep-resentative payee	Rela-tive as other admin-istrator	18-64	65 and over		
Total number with funds disbursed (in thousands)	62	35	12	29	18	15	
Percent with funds used for—							
Care and treatment	57.5	63.4	58.3	60.0	65.3	43.8	
Personal needs	76.1	81.1	66.2	82.5	68.7	72.5	
Support of husband or wife and children	11.3	10.3	14.0	11.3	11.1	11.9	
Other	23.2	24.0	24.5	21.9	27.5	20.5	

TABLE 7-F.—Kind and amount of patient assets by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Kind and amount of assets	Type of administrator				
	Beneficiaries with representative payee			Patients with other administrator	Patients with no administrator
	Total	Age			
Total number reporting (in thousands) ¹	97	59	37	90	186
Total percent	100.0	100.0	100.0	100.0	100.0
Kind of assets					
No assets of \$100 or more in value	62.3	64.6	58.6	72.7	72.7
\$100 or more in assets	32.3	30.9	34.6	21.5	22.0
Home only	4.4	3.0	6.8	6.0	7.9
Home and other assets	5.2	3.9	7.4	6.2	6.6
Other assets only ²	22.7	24.1	20.5	9.3	7.6
Assets not reported	5.4	4.5	6.8	5.8	5.3
Amount of financial assets					
No financial assets	58.5	60.7	55.0	72.3	72.4
Financial assets	30.7	31.8	29.0	18.0	15.3
Less than \$100	1.4	1.9	.6	.5	.9
\$100-499	5.8	5.6	6.1	2.7	2.4
500-999	5.4	6.2	4.2	1.9	2.2
1,000-1,999	5.2	5.6	4.7	2.6	1.6
2,000-4,999	3.6	3.6	3.4	1.0	2.2
5,000 or more	5.2	4.4	6.7	4.3	2.1
Amount not reported	4.0	4.3	3.5	4.0	3.8
No report on assets	10.8	7.5	16.0	9.7	12.3
Median of those with assets	\$1,135	\$995	(*)	\$1,735	\$1,105

¹ Nonbeneficiaries with representative payees omitted.

² Other assets include business or financial assets of \$100 or more, including savings and stocks and bonds.

³ Median not reported when population base is less than 10,000.

TABLE 7-G.—Amount in patient's accounts by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Amount in patient's accounts	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number (in thousands) ¹	150	83	67	159	307
Total percent	100.0	100.0	100.0	100.0	100.0
No accounts maintained	12.2	11.7	12.7	21.5	37.1
Accounts maintained	87.8	88.3	87.3	78.5	62.9
None	13.4	13.8	13.0	25.0	35.7
Less than \$50	20.6	23.7	16.5	28.2	18.6
50-99	7.3	7.5	7.0	6.1	2.5
100-199	10.5	8.2	13.3	5.5	2.0
200-499	19.1	16.7	22.1	6.3	2.1
500-999	13.6	13.9	13.2	4.8	.9
1,000 or more	3.5	4.5	2.1	2.6	1.0
Median amounts for accounts maintained	\$126	\$94	\$154	\$10	\$0
Median amounts for patients with amounts	190	174	204	43	22

¹ Nonbeneficiaries with representative payees omitted.

TABLE 7-H.—Age of institutionalized adults by type of administrator: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Age of beneficiaries	Beneficiaries with representative payee	Patients with other financial administrator	Patients with no financial administrator
Total number (in thousands)	150	159	307
Total percent	100.0	100.0	100.0
Under age 35	13.2	27.1	21.5
35-44	14.3	17.6	15.1
45-54	15.7	19.2	21.1
55-64	12.0	18.7	21.7
65-74	15.8	8.1	7.6
75 and over	29.0	8.6	11.4
Not reported	—	.7	1.6
Median age	61	47	51

TABLE 7-I.—Selected characteristics by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Selected characteristics	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number (in thousands)	150	83	67	159	307
Total percent	100.0	100.0	100.0	100.0	100.0
Sex					
Men	54.9	64.3	43.3	55.5	53.3
Women	45.1	35.7	56.7	44.5	46.7
Marital status					
Married	16.8	12.6	21.9	17.7	20.7
Widowed	19.5	4.0	38.6	9.7	12.4
Separated or divorced	10.8	11.4	10.0	11.1	14.4
Never married	52.3	71.5	28.7	60.5	51.4
Not reported	.7	.5	.9	1.0	1.2
Race					
White	90.6	89.3	92.3	84.7	79.9
Negro and all other races	9.3	10.5	7.7	15.2	19.6
Not reported	.1	.2	—	—	.5
Region					
Northeast	37.4	35.1	40.1	31.2	35.1
North Central	31.0	32.6	29.1	30.9	25.1
South	21.7	22.2	21.1	22.1	30.4
West	9.9	10.1	9.7	15.9	9.4

TABLE 7-J.—Selected characteristics by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Selected characteristics	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number reporting (in thousands)	97	59	37	90	186
Total percent	100.0	100.0	100.0	100.0	100.0
Children under age 18					
Children -----	5.2	8.1	.4	9.2	10.7
No children -----	81.5	81.9	80.8	75.9	74.4
Not reported -----	13.3	10.0	18.8	14.9	14.9
Years of schooling					
None -----	20.8	31.4	4.0	24.2	14.9
Less than 8 -----	21.0	22.1	19.1	21.9	21.5
8 -----	16.5	13.6	21.1	12.7	13.6
1-3 of high school -----	9.1	9.7	8.0	11.7	14.6
4 of high school -----	9.1	10.0	7.8	10.2	14.4
1 or more of college -----	5.2	3.6	7.7	6.9	6.9
Not reported -----	18.3	9.6	32.3	12.5	14.2
Median years of schooling -----	7.6	5.0	8.5	7.1	8.5
Occupation when last employed					
Never employed -----	43.7	53.2	28.6	48.9	41.7
Employed at some time -----	52.4	44.1	65.6	48.9	55.2
White-collar ¹ -----	11.7	6.9	19.3	12.1	15.1
Skilled blue-collar ² -----	5.8	4.8	7.6	5.5	7.2
Semiskilled and unskilled ³ -----	27.2	25.5	30.0	21.2	25.0
Occupation not known -----	7.6	6.8	8.8	10.1	7.9
Not reported -----	3.9	2.7	5.8	2.2	3.0

¹ Includes professional or technical workers, managers, officials, proprietors, clerical workers, and sales persons.

² Includes craftsmen, foremen, farmers, and farm managers.

³ Includes operatives, farm laborers, private household workers, service workers, and laborers.

TABLE 7-K.—Selected patient-care characteristics by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Condition of patient	Beneficiaries with representative payees			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number (in thousands)	150	83	67	159	307
Total percent --	100.0	100.0	100.0	100.0	100.0
Diagnosis					
Mental illness -----	68.2	56.2	82.7	60.9	56.1
Mental retardation -----	22.1	38.0	2.5	25.3	16.0
Physical disorders -----	9.6	5.7	14.7	13.8	27.9
Awareness of surroundings					
Not confused -----	55.9	68.8	39.9	67.8	70.2
Occasionally confused -----	15.3	13.4	17.6	13.1	14.2
Usually confused -----	28.7	17.7	42.4	19.1	15.5
Money management					
Can manage income -----	12.3	16.4	7.2	20.3	33.2
Can manage spending money only -----	23.6	24.4	22.7	20.9	22.0
Cannot manage money -----	62.5	57.3	69.0	55.7	41.6
Not reported -----	1.5	1.9	1.1	3.1	3.3
Expectation of discharge					
Discharge expected in 6 months -----	3.6	3.2	4.0	7.5	15.8
Discharge possible in 6 months -----	8.0	9.2	6.6	12.2	11.3
Discharge not expected in 6 months	88.4	87.6	89.4	80.3	72.9

TABLE 7-L.—Selected circumstances of institutionalization by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Circumstances of institutionalization	Beneficiaries with representative payees			Patients with other financial administrators	Patients with no financial administrators
	Total	Under age 65	Aged 65 and over		
Total number reporting (in thousands)	97	59	37	90	186
Total percent	100.0	100.0	100.0	100.0	100.0
Reasons patient went to institution ¹					
No one to look after patient at home	15.4	15.3	15.6	11.4	14.6
Needed permanent care	44.6	45.7	42.8	39.5	35.8
Too costly at home	7.1	6.5	8.1	6.0	7.5
Needed more care	42.4	41.5	44.0	40.1	34.6
Too hard to handle	34.0	33.8	34.3	26.6	25.9
Needed medical/nursing care	31.0	28.7	34.8	34.3	41.2
Needed special training	10.5	15.5	2.6	17.4	10.6
Other reason	8.5	7.8	9.6	12.4	9.4
Not reported	3.3	3.0	3.8	4.5	3.6
Reasons patient went to particular institution ¹					
Nearest to home	24.6	26.4	21.8	20.4	23.5
Provided best treatment	17.0	17.6	16.0	15.4	16.2
Provided care without charge	20.0	21.3	18.0	19.9	22.6
Only institution providing needed care	12.1	12.9	10.7	9.5	12.0
Recommended by doctor	39.4	37.7	42.0	38.3	41.1
Recommended by family/friends	7.1	7.3	6.7	6.0	6.4
Recommended by agency/court	29.9	32.6	25.6	33.4	23.5
Other reason	6.9	7.3	6.1	6.8	7.9
Not reported	8.4	6.5	11.5	7.7	8.9
Location of patient as of summer 1968					
In same institution as of fall 1967	82.7	86.0	77.5	73.8	63.8
Different institution	3.6	3.1	4.3	5.7	4.0
No longer in institution	6.1	8.2	2.6	14.0	24.5
No longer living	5.7	1.4	12.6	3.7	5.0
Not reported	1.9	1.2	3.0	2.8	2.0

¹ Total exceeds 100 percent because some patients went to institutions for more than one reason.

TABLE 7-M.—Family relationships and respondent's visits by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, summer 1968

Family relationships and respondent's visits	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number reporting (in thousands)	97	59	37	90	186
Total percent	100.0	100.0	100.0	100.0	100.0
Relationship to head of family at time of admission					
Patient lived alone	12.7	6.2	23.0	9.8	13.3
Patient was head	14.0	11.9	17.3	9.2	15.9
Husband or wife was head	9.8	3.7	19.4	11.9	12.6
Parent was head	38.4	58.6	6.1	46.6	36.8
Child was head	3.3	.3	8.2	1.3	2.1
Other relative was head	8.0	8.0	8.0	6.2	6.1
Patient lived with unrelated person	2.7	2.2	3.5	2.4	3.2
Not reported	11.0	8.9	14.5	12.7	9.9
Frequency of respondents' visits					
Respondent visits	80.3	83.0	75.9	81.9	79.3
At least once a week	14.3	11.4	18.9	15.3	27.9
At least once a month	26.6	27.6	25.1	26.5	18.1
At least once in 6 months	21.9	25.6	16.1	20.9	15.3
At least once a year	9.7	11.0	7.6	9.3	10.8
Less than once a year	7.7	7.4	8.2	10.0	7.1
Respondent does not visit	17.8	15.0	22.3	16.1	18.1
Contact with institution	13.2	12.4	14.4	10.9	13.0
Within past month	4.0	4.7	3.0	3.7	2.4
Within past 6 months	2.9	2.7	3.2	2.3	3.1
Longer than 6 months	6.2	5.0	8.2	4.9	7.6
No contact with institution	4.6	2.6	7.9	5.2	5.1
Not reported	1.9	2.0	1.8	1.9	2.5

TABLE 7-N.—Contact with relatives and living arrangements when last admitted by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Contacts and family arrangements	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number (in thousands)	150	83	67	159	307
Total percent ----	100.0	100.0	100.0	100.0	100.0
Contact between relatives and patients					
Relatives live within 50 miles	49.9	47.7	52.5	42.3	54.3
Relatives visit at least once a month	26.7	24.2	29.8	21.9	33.3
Relatives call or write only	10.2	11.8	8.3	7.9	7.1
Relatives do not contact patient	9.5	7.9	11.5	8.7	9.5
Contact not reported	3.4	3.8	2.9	3.8	4.4
All relatives live more than 50 miles away	32.7	39.3	24.6	40.5	28.8
Relatives visit at least once a month	7.2	9.1	4.8	6.9	6.4
Relatives call or write only	13.8	17.5	9.2	18.3	9.9
Relatives do not contact patient	9.7	10.3	9.1	12.6	9.6
Contact not reported	2.0	2.4	1.5	2.6	3.0
No known relatives or friends	10.8	6.8	15.7	10.2	9.4
Distance of relatives not reported	6.6	6.2	7.2	7.0	7.6
Living arrangements when last admitted					
Patient lived with relatives	53.3	61.7	43.3	54.9	58.7
Husband or wife	15.3	10.4	21.4	14.7	19.4
Children (no husband or wife)	4.6	.7	9.5	2.4	3.1
Parents (no husband or wife or children)	24.6	42.0	3.2	29.6	27.0
Other relatives only	8.8	8.6	9.2	8.2	9.2
Patient lived alone	13.2	6.3	21.6	9.2	12.8
Patient transferred from other medical institution	18.8	18.3	19.3	19.4	11.9
Patient had other living arrangements	6.0	6.4	5.6	9.0	6.6
Not reported	8.7	7.4	10.1	7.4	10.1

TABLE 7-O.—Number of years of entitlement to social security benefits by age and type of payee: Percentage distribution of institutionalized beneficiaries aged 18 and over with representative payee, fall 1967

Years entitled	Total			Under age 65			Aged 65 and over			
	Total	Insti-tution	Rela-tive	Other	Total ¹	Insti-tution	Rela-tive	Total ¹	Insti-tution	Rela-tive
Total (in thousands)	150	68	66	16	83	32	44	67	37	23
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 1	2.7	1.6	3.9	2.6	3.2	1.0	5.1	2.1	2.2	1.5
1	15.8	25.1	5.3	19.5	3.8	3.4	4.2	30.6	43.9	7.4
2	6.4	6.4	7.1	3.0	7.8	6.8	9.6	4.7	6.2	2.4
3-5	22.0	19.0	26.1	17.7	29.0	29.9	13.5	9.7	19.4	19.4
6-9	35.5	31.1	38.9	40.6	50.3	52.7	45.5	17.3	12.5	26.1
10-19	16.3	15.2	17.5	15.9	5.9	6.2	6.0	29.0	23.0	39.5
20 or more	1.1	1.2	1.1	.7	—	.1	—	2.3	2.1	3.1
Not reported	.2	.3	.2	—	—	—	—	.5	.5	.6
Median years	6.3	5.6	6.8	6.7	6.5	6.7	6.1	5.8	2.6	8.9

¹ Includes patients with other representative payees.

TABLE 7-P.—Type of beneficiary by age: Percentage distribution of institutionalized beneficiaries aged 18 and over with representative payee, fall 1967

Type of beneficiary	Total	Under age 65	Aged 65 and over
Total number (in thousands) —	150	83	67
Total percent —	100.0	100.0	100.0
Disabled worker —	24.5	44.1	—
Childhood disability, aged 18 and over	30.0	54.0	.6
Retired worker —	21.3	.6	46.8
Husband or wife —	2.6	(¹)	5.4
Widow —	6.2	.7	12.9
Student aged 18-21 —	(¹)	(¹)	—
Person with special age-72 benefits —	14.7	—	32.9
Transitionally insured —	(¹)	—	1.0
Parent —	(¹)	—	(¹)

¹ Less than 0.5 percent.

TABLE 7-Q.—Benefit amounts in 1967 by age: Percentage distribution of institutionalized beneficiaries aged 18 and over with representative payee, fall 1967

Benefit amounts	Total	Under age 65	Aged 65 and over
Total number (in thousands) —	150	83	67
Total percent —	100.0	100.0	100.0
Monthly benefit amount in 1967			
Less than \$45 ¹ —	33.2	18.4	51.3
\$45-59 —	14.4	16.3	12.0
60-79 —	22.0	25.3	18.1
80-99 —	18.8	25.0	11.3
100-119 —	8.0	9.9	5.5
120 or more —	3.6	5.1	1.9
Median —	\$62	\$72	\$44
Total benefits paid in 1967			
Less than \$360 —	6.9	7.0	6.8
\$360-499 —	18.5	6.1	33.8
500-599 —	14.2	12.3	16.6
600-799 —	17.4	19.8	14.5
800-999 —	17.2	20.6	13.1
1,000-1,199 —	15.0	20.2	8.7
1,200 or more —	10.7	14.1	6.5
Median —	\$729	\$846	\$556

¹ Including 0.2 percent not reported.

TABLE 7-R.—Selected characteristics by type of representative payee: Percentage distribution of institutionalized beneficiaries aged 18 and over with representative payee, fall 1967

Selected characteristics	Number (in thousands)	Total percent	Institution	Relative	Other
Total -----	150	100.0	45.5	44.1	10.3
Age					
Under 65 -----	83	100.0	38.3	52.5	9.2
65 and over -----	67	100.0	54.5	33.8	11.7
Age and marital status					
Under 65:					
Married -----	10	100.0	19.1	67.6	13.4
Widowed, divorced, or separated -----	13	100.0	38.6	49.4	12.1
Never married -----	59	100.0	41.5	50.5	8.0
Aged 65 and over:					
Married -----	15	100.0	37.0	52.1	10.9
Widowed, divorced, or separated -----	33	100.0	53.7	34.4	11.9
Never married -----	19	100.0	69.0	19.6	11.5
Expectation of discharge					
Possible discharge in 6 months -----	17	100.0	31.2	57.2	11.6
Discharge not expected in 6 months -----	133	100.0	47.4	42.4	10.2
Race					
White -----	136	100.0	45.6	43.9	10.4
Negro and all other races -----	14	100.0	44.6	46.8	8.6
Age and diagnosis					
Under 65: ¹					
Mental illness -----	47	100.0	31.1	56.9	11.9
Mental retardation -----	32	100.0	49.5	43.8	6.6
Age 65 and over: ²					
Mental illness -----	56	100.0	56.7	32.7	11.6
Physical disorders -----	10	100.0	36.4	44.4	19.2
Duration of stay					
Less than 5 years -----	57	100.0	32.8	55.5	11.7
5-9 years -----	30	100.0	44.9	44.9	10.1
10 or more years -----	63	100.0	57.4	33.4	9.2
Residence of relatives					
Relatives live within 50 miles -----	75	100.0	36.9	51.9	11.2
All relatives live more than 50 miles away	49	100.0	48.0	44.1	7.9

¹ Physical disorders omitted—less than 10,000 cases.

² Mental retardation omitted—less than 10,000 cases.

TABLE 7-S.—Selected financial characteristics by type of representative payee: Percentage distribution of institutionalized beneficiaries aged 18 and over with representative payee, summer 1968

Selected financial characteristics	Number (in thousands)	Total percent	Institution	Relative	Other
Total -----	97	100.0	38.1	53.4	8.5
Support provided by next of kin					
Husband or wife is next of kin -----	13	100.0	12.2	77.3	10.5
Next of kin is person other than husband or wife -----	84	100.0	42.2	49.7	8.1
Support provided	20	100.0	26.1	70.3	3.5
No support provided -----	64	100.0	47.1	43.3	9.6
Assets					
Assets -----	32	100.0	12.0	78.4	9.6
No assets -----	60	100.0	49.7	42.3	8.0

TABLE 7-T.—Monthly charges for care and maintenance by type of administrator and patient's age: Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Monthly charges	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under aged 65	Aged 65 and over		
Total number (in thousands)	150	83	67	159	307
Total percent -----	100.0	100.0	100.0	100.0	100.0
No charge -----	18.3	22.4	13.2	42.2	40.8
\$1-49 -----	16.0	18.4	13.0	7.5	6.2
50-99 -----	11.5	16.9	4.9	4.0	3.3
100-149 -----	10.3	9.2	11.6	7.3	9.7
150-199 -----	9.7	9.9	9.5	9.9	5.3
200-299 -----	10.2	9.1	11.6	9.5	8.8
300-399 -----	15.2	8.7	23.3	8.3	11.2
400-499 -----	3.3	1.6	5.3	3.5	2.0
500 or more -----	2.6	1.1	4.5	3.0	11.0
Not reported -----	3.0	2.8	3.1	4.7	1.7
Median charges of those with charges -----	\$158	\$112	\$222	\$189	\$255

TABLE 7-U.—Type of charge by type of administrator and patient's age:
Percentage distribution of institutionalized adults aged 18 and over, fall 1967

Type of charge	Beneficiaries with representative payee			Patients with other financial administrator	Patients with no financial administrator
	Total	Under age 65	Aged 65 and over		
Total number (in thousands)	150	83	67	159	307
Total percent ----	100.0	100.0	100.0	100.0	100.0
Standard charge -----	49.2	38.2	62.7	40.0	50.0
Reduced charge ¹ -----	29.6	36.6	20.9	18.1	7.5
Public assistance recipient -----	2.2	1.7	2.8	1.1	1.6
Patient unable to pay -----	24.5	30.6	17.0	9.6	5.0
Other reason -----	3.3	4.8	1.5	1.8	.8
Reason not reported -----	1.2	1.8	.5	1.0	.4
No charge -----	18.3	22.4	13.2	42.2	40.8
Type of charge not reported -----	3.0	2.8	3.1	4.7	1.7

¹ Percents do not add to subtotals because some patients were on reduced charge for more than one reason.

TABLE 7-V.—Specified charges and payment characteristics of institutionalized adults aged 18 and over by beneficiary status and type of payee, fall 1967

Charge and payment characteristics	Beneficiaries with representative payee			Patients with other administrator		Patients without administrator	
	Institution	Relative	Other	Beneficiary	Nobeneficiary	Beneficiary	Nonbeneficiary
Total number (in thousands) ¹	68	66	16	27	132	63	244
Percent with:							
No charge	12.5	23.2	22.8	29.0	44.9	24.8	45.0
Charges	85.0	73.8	72.7	66.1	50.4	74.5	53.0
Reduced charges	33.1	27.6	22.3	13.7	9.1	7.0	29.5
Funds received	93.6	70.2	73.4	77.6	51.3	56.0	
Median charges	\$148	\$163	\$190	\$308	\$175	\$370	\$189
Median funds received	93	97	155	240	72	342	185

¹ Excluding nonbeneficiaries with representative payees.

CHAPTER 8

Conclusions

ALTHOUGH THE FINDINGS of this study have factual validity only for the period 1967-68 in which the data were collected, they suggest a few conclusions that may have continuing relevance.

The data strongly suggest that the mentally ill, the mentally retarded, and the physically disabled adults in institutions are drawn from distinctly different populations and that the circumstances of their residence in an institution are different. The mentally retarded, most of whom have congenital limitations and no experience of adult life without disability, appear to be the most limited of the three groups by need for personal care, sensory handicaps, and prospects for recovery or discharge. Persons with physical disabilities, most of which are associated with the deterioration of aging, are probably more limited than the mentally ill.

The study also indicates the great preponderance of public institutions, especially State and local, in providing long-term medical care to disabled adults. The chance of a person who needed such care receiving it in a private institution was 1 in 20 at the time of the study, and there is no reason to suppose that the proportion of patients in private institutions will increase. The preponderance of the public sector in providing institutional care is also indicated in the financial area. With the exception of the earnings of a married patient's husband or wife, public funds are the greatest economic resource of institutionalized adults, both as payment for care and as a source of personal income. These include funds from the public income-maintenance programs, especially OASDHI, and government funds for care in the institution, either given to the institution from another public agency or provided from general revenue for the care of patients who are not charged.

Few adult patients in long-term medical institutions are without relatives or friends outside the institution, but very few have minor children. Married persons are more fortunate than single

persons in regard to institutionalization: they are less likely to be institutionalized and more likely to be discharged.

About half the adults in long-term medical institutions need a financial administrator. Persons with an administrator have been institutionalized longer and have less likelihood of discharge than patients without an administrator. Most administrators are either a relative of the patient or an official of the institution. Although most patients have relatives or friends, persons with a relative as an administrator are less socially isolated from outside contacts and persons with an official of the institution as administrator are more socially isolated than patients without an administrator.

APPENDIX A

Technical Note

Data summarized in this report were collected from a sample of almost 6,000 residents of long-term medical care institutions. This section explains the scope and purpose on which the study was planned, how the sample was chosen and weighted to represent all residents of long-term care institutions, and how the data were collected.

Scope and Purposes

Under the old-age, survivors, disability, and health insurance (OASDHI) program, disability benefits are provided to severely disabled adults with extensive work experience in covered employment and to adults disabled since childhood who are dependents of retired, disabled, or deceased beneficiaries. The program is also responsible for appointing and supervising payees to handle the benefits of financially incompetent beneficiaries.

In 1966 the Social Security Administration undertook a major national study of disability. In that year SSA collected data on all disabled adults not in institutions through a household survey using interviews with the disabled in their homes. As a part of this study, a supplementary survey was conducted in 1967 of disabled persons aged 18 and over in long-term (average length of stay of 30 days or more) medical institutions, including long-term wards of short-stay hospitals, and in schools and homes for the physically and mentally handicapped. Persons in nursing homes, military hospitals, and correctional institutions were not included. The study of the institutionalized had the following objectives:

- To supplement the 1966 Survey of Disabled Adults by studying those disabled persons who were excluded from the study of the noninstitutionalized population.
- To describe the nature and duration of disability, the duration of institutionalization, and the prognosis for discharge of institutionalized adults.
- To examine the type of care the patient receives, the charges for care, and the sources of payment.
- To examine the economic resources of the patient, including insurance and assistance programs, and to compare characteristics of persons receiving income from various sources.

- To examine the social relationships of patients, including living arrangements before institutionalization and contacts with relatives and friends while institutionalized.
- To examine the activities of representative payees and other financial administrators, including the institution, in handling OASDHI benefits and other financial matters for institutionalized patients.

For this study any resident of a long-term medical institution or ward or of a school or home for the mentally or physically handicapped was considered severely disabled. In contrast to the 1966 Survey of the Disabled, the diagnosis and the physical limitations and capabilities of the disabled person were based upon institutional records, rather than on information supplied by the patient. Persons 65 and over were included in the institutional survey but excluded from the 1966 survey, because of SSA's special interest in representative payee arrangements.¹

Choosing the Sample

The sample was chosen in six steps.

1. A three-stage sample was planned. The initial stage involved drawing an area sample of primary sampling units (PSU's). In the second, a sample of institutions was drawn from the institutions in the area sample. In the third, a sample was drawn of patients from two frames—a roster of all the patients 18 and over in the sample institutions, and a listing of all OASDHI beneficiaries in the sample institutions who had a representative payee.

Before the first stage of the sample was designed, a list was made of all the institutions in the universe and the number of beds in each, compiled from a variety of sources, including the Guide issue of the *Journal of the American Hospital Association*, the *Directory of Residential Facilities for the Mentally Retarded* of the American Association on Mental Deficiency, the Social Security Administration's *Directory of Medical Facilities*, Public Health Service listings of mental health and other medical facilities, and data on schools for exceptional children from the Office of Education. Because persons under age 18 and residents of short-term wards were not included in the study, adjustments in the number of beds were made for institutions having these types of residents.

2. As the first step in designing the first stage of the sample, all large and all moderate-sized institutions in the universe were identified. The PSU's in which these institutions were located were organized into strata by size and type of institution. The PSU's with the largest institutions were organized into strata, each with a single PSU. Each such PSU was, therefore, self-representing. PSU's with moderate-sized institutions only were set up in strata of several PSU's. In each stratum one PSU was selected with probability proportionate to its size (by number of beds in these moderate-sized institutions in the entire PSU). The full universe of PSU's was then examined to determine those parts of the universe not included in these two sets of strata. To complete the first stage of the sample, a Census Bureau 100

¹ For an analysis and comparison of characteristics of institutional and noninstitutionalized adults under age 65, see Lawrence D. Haber and Philip Frohlich, "The Severely Disabled in the Institutionalized and Noninstitutionalized Population, 1966," *Social Security Survey of the Disabled, 1966* (Washington: Social Security Administration, Office of Research and Statistics, 1970), Report No. 14.

PSU sample design was modified to select sample PSU's from the balance of the universe to supplement the sample PSU's already selected.

To modify the 100 PSU design, strata in this design were classified into two groups. The first group comprised those strata in the design that were completely unaffected by the first step in the design of the first stage. In each stratum in this group, the PSU already chosen as representative in the 100 PSU sample design was retained. The second group comprised those strata affected by the first step. In each of these strata, modifications were determined based on either of two circumstances. In one subgroup the stratum was affected by the first step because some of the nonsample PSU's were already part of the first set of strata. In these strata, it was simply necessary only to recalculate the probability of the previous selected PSU within the reduced stratum. In the second subgroup the sample PSU in the 100 PSU sample design was included in the first set of strata devised as a result of the identification of the large and moderate-sized institutions. In these strata, it was necessary to reselect a replacement sample PSU in the stratum residue. (The selection for replacement was made with probability proportionate to a measure of size by total population because this was the same measure as used in the original 100 PSU sample design.) The result of this process of selection and modification was a set of 264 sample PSU's, 143 of which were self-representing and 121 were non-self-representing.

3. The institutions in the 264 PSU's which were included in the sample were chosen in two ways. All institutions in these PSU's were classified as large or small according to number of beds. The large institutions, which included psychiatric hospitals with 2,100 beds or more, institutions for the mentally retarded of 700 beds or more, and other institutions of 1,050 beds or more in the self-representing PSU's, and institutions of smaller size in the non-self-representing PSU's, were all included in the sample. The remaining sample institutions were chosen systematically with probability proportionate to size from a list of the small institutions. In this selection, the unit of selection was not the institution but "measures" of 5 to 10 patients, depending on the institution's size.

A listing of the number of patients in measures of 5 or 10 was made and a selection was made from this list according to the within-PSU sampling ratios. The institution in which a chosen measure fell was included in the sample and a within institution sampling ratio was used to determine which patients were to be selected from the roster of that institution. Finally, 539 institutions were selected for the institutional sample, of which 225 were psychiatric hospitals or wards, 109 were schools or homes for the mentally retarded, 129 were hospitals or wards for other chronic diseases, and 76 were hospitals with both psychiatric and other long-term wards.

4. For the selection of the roster sample, an overall ratio of 1/210 for patients in psychiatric hospitals or wards, 1/70 for patients in homes or schools for the mentally retarded, and 1/105 for patients in all other institutions met the precision requirements of the study. The three stages of the sample selection took into account the probability of sampling at each stage so as to achieve the overall ratios.

Patients were drawn from the institutional roster frame by taking a random starting number on the roster of patients at each institution and selecting every *n*th person, *n* varying according to the sampling ratio within the institution. To keep the number of cases from any one institution near a maximum of 40—the most that could be handled efficiently—two types of subsampling were used. Large institutions that would yield more than 40

cases by the regular sampling ratios were given a sampling ratio that would reduce the cases by a half. In addition, if the cases at any one institution originally chosen from both the roster and the beneficiary list frames totaled more than 50, a subsample of two-thirds of the cases was retained. Originally, 6,028 cases were drawn in the institutional roster sample before any eliminations.

5. The inclusion of patients from the beneficiary list frame, in addition to those from the institutional rosters, was dictated by the special interest in beneficiaries not capable of handling their benefits and the need for oversampling through use of a supplementary frame. In processing this frame, a list was made of 1 out of 3 of all adult beneficiaries in the custody of a long-term medical institution, chosen systematically. This list was divided into those beneficiaries for whom the institution was both custodian and payee and those for whom the institution was only custodian. Payees for persons on the latter list were contacted by mail to identify changes in status and to verify the name and location of the institution having custody.

After this information was incorporated into the original list, the beneficiaries on the list were divided into three classes—those aged 18-64 with the institution as custodian and payee, those 65 and over with the institution as custodian and payee and those 18 and over with the institution as custodian but with someone other than the institution as payee. After the sample institutions had been selected, beneficiaries in custody of these institutions were selected randomly from the beneficiary lists so as to achieve a sampling ratio of 1/42 for those aged 18-64 with the institution as payee, 1/105 for those 65 and over with the institution as payee, and 1/105 for those with someone other than the institution as payee.

Thus, 1,759 cases were selected from the beneficiary list frame, of which 19 were duplicates already chosen from the roster frame. The elimination of these duplicates left 1,740 new cases. When these were added to the 6,028 cases from the roster frame, the original sample consisted of 7,768 cases from the two frames.

6. During the fieldwork, 66 of the 539 institutions in the sample were found to be out of the scope of the study either because the average length of stay was less than 30 days or because there were no residents older than 17 years. Seven institutions were no longer in operation as of the survey month. Of the 466 in-scope institutions, nine had too few in-scope residents to meet sampling requirements and three refused access to their records. The 7,768 patients in the original patient sample were drawn from the remaining 454 institutions. Although rosters excluding persons on leave or under 18 were used if available in drawing the roster sample, many institutions could not provide such a roster. This meant that the sample as originally drawn included patients who were out of scope because of leave or age. Of the

TABLE G-1.—Size of sample originally drawn, and final sample, with number and type of cases eliminated by type of institution

Sample size	All institutions	Psychiatric	Mentally retarded	Chronic disease
Sample originally drawn	7,768	3,720	2,852	1,196
Total cases eliminated --	1,851	741	982	128
On leave or dead -----	824	562	221	43
Under age 18 -----	780	46	647	85
Subsample -----	247	133	114	0
Final sample -----	5,917	2,979	1,870	1,068

7,768 patients originally drawn, 824 were eliminated because the person was on extended leave or dead and 780 were eliminated because the person was under 18 (table G-1). Subsampling at institutions in which the original selection totaled more than 50 patients eliminated 247 cases, leaving a sample of 5,917 patients.

Weighting the Sample

Each sample patient was given a weight based on his probability of being drawn in the sample. The basic weights for patients drawn from the institutional rosters were 210 for patients in psychiatric hospitals, 70 for patients in schools or homes for the mentally retarded, and 105 for patients in all other facilities. For patients drawn from the SSA beneficiary lists, the basic weights were 42 for beneficiaries aged 18-64 with the institution as representative payee and 105 for all others.

For many patients these weights were adjusted because of overlap, duplication, or subsampling. The overlap adjustment reduced the weights of all patients who had a probability of being drawn from both sample frames. The duplication adjustment doubled the weights of those patients who were drawn from both frames. The subsampling adjustment increased the weights of patients who were included in the subsample drawn from large institutions. When all the weights were applied, the 5,917 sample patients represented a universe of 648,000 patients with an average weight of 110.

Collecting the Data

Data for the survey were obtained from four sources—the resident institution, State or local government agencies, a relative or guardian of the patient, and from SSA earnings and benefit records. The sample patient himself was not interviewed. Census Bureau staff members collected data from the institutions and from the relative guardians. SSA staff members obtained data from State and local government agencies and from the earnings and benefit records.

Census interviewers contacted staff members and examined records at the institutions in August-October 1967. They completed a questionnaire schedule for each of the 454 sample institutions containing information about the institution. They also completed personal history questionnaires for each of the 5,917 persons in the sample.

For 2,221 persons at 142 of the institutions, complete financial data were not obtained because records were kept under a centralized accounting system by a State or local government agency. Financial data not available from the institution for these persons were collected from State and local fiscal or social agencies. SSA district staff members contacted the government agencies, assisted them in gathering the data, and completed a special supplementary questionnaire on patient costs and income. This supplementary data collection from the centralized agencies took place during January-March 1968. These data were entered on the corresponding personal history questionnaire when the questionnaires were edited.

The third source of data for the study was SSA earnings and benefit records. Identifying information from the institutional records was used to establish which persons had earnings records and benefit records and to

extract data from these records. These data were then coordinated with other data of the study.

The fourth source of data was the relative or guardian named by the institution as the person it would notify of the sample person's condition. These data were collected through a mail questionnaire. No questionnaire was mailed unless the institution had provided the name and address of a person to be notified. There were 270 cases in which an agency or institution was named or in which there was no name or no address.

No relatives or guardians of patients in Ohio institutions were contacted because of State restrictions on the release of information about patients in public institutions. With the elimination of 235 Ohio patients and the 270 cases for whom no responsible person was listed from the 5,917 for whom questionnaires had been obtained, there were 5,412 sample cases for the initial mailout of the relative and guardian schedule.

There were three mailings—the third by certified mail—and a followup by telephone or personal contact with those not responding to the third mailing. Only nonrespondents living in the 264 primary sampling units of the sample design were followed up by a personal contact after the third mailing. This data collection took place during May-September 1968.

Relatives and guardians furnished 3,764 usable returns, representing 70 percent of those from whom questionnaires were requested. Of the remainder, 1,183 were persons failing to respond who could not be contacted (usually because no current address was available), 389 furnished too little information to be useful, and 76 refused to furnish any information. Comparison of the response figures from the relatives and guardians with figures from the institutions indicated that there was no important bias in the nonresponse to the relative and guardian questionnaire, although the response was not the same for all types of patients (table G-2). The nonresponse (including inadequate response) was greater for patients aged 65 and over than for those under 65, for psychiatric patients than for residents of other types of institutions, for nonbeneficiaries than for beneficiaries, and for patients in State and local institutions than for patients in Federal or private institutions. There was little difference in nonresponse by administrator status.

TABLE G-2.—Summary of selected characteristics by source of data and response of relative or guardian: Percentage distribution of institutionalized adults aged 18 and over, fall 1967 and summer 1968

Selected characteristics	Institution	Relative or guardian		No data requested
		Usable data provided	Non-response or data unusable	
Number (in thousands) -----	648	389	227	31
Total percent -----	100.0	100.0	100.0	100.0
Type of institution				
Psychiatric hospital or ward -----	65.1	61.6	70.7	68.9
Institution for mentally retarded -----	17.2	19.7	12.7	18.2
Chronic disease facility -----	17.7	18.7	16.6	12.8
Ownership				
State or local government -----	84.6	82.3	87.4	92.5
VA -----	8.9	10.4	7.2	3.4
Other Federal -----	1.0	.8	1.4	—
Private nonprofit -----	4.5	5.3	3.3	4.1
Proprietary -----	1.0	1.1	.8	—
Patient's age ¹				
18-64 -----	71.0	72.5	67.5	79.1
65 and over -----	28.0	26.9	31.0	20.2
Beneficiary status				
Beneficiary -----	37.1	39.3	34.5	27.5
Nonbeneficiary -----	18.0	17.7	17.5	24.8
Beneficiary status unknown -----	45.0	43.0	48.0	47.7
Administrator status				
With administrator -----	52.7	52.1	51.6	67.0
Without administrator -----	47.3	47.9	48.4	33.0

¹ Persons with age not reported omitted.

APPENDIX B

Variances

Because the estimates in this study are based on a sample, they may differ from the figures that would have been obtained if data had been collected in the same manner for all institutionalized adults. A measure of this sampling variability can be computed for any statistics derived from the study, indicating the amount that the sample estimate may vary from the universe value and the probability of this variation.

The standard errors in tables G-3 and G-4 are generalized measures of variation for the total universe of all institutionalized adults and for three subuniverses: patients in psychiatric institutions, persons in schools or homes for the mentally retarded, and patients in chronic disease facilities. The generalized variances in each table were derived from the standard errors of over 500 specific sample estimates, representing the total scope of the study.

The chances are about 68 out of 100 that the difference between the sample estimate and the figure that would have been obtained by a total count of the population is less than the standard error. The chances are about 19 in 20 that the difference is less than twice the standard error, and about 99 out of 100 that it is less than 2½ times the standard error. For example, the sample estimate of the total number of adults in long-term medical care institutions in 1967 was 648,000. The standard error for an estimate of 650,000 is 50,400 (table G-3). This means that the chances are about 68 out of 100 that the total number of patients in 1967 was between 600,000 and 700,000 and the chances are about 19 out of 20 that the total number was between 550,000 and 750,000.

The survey estimate of the proportion of total patients who were in schools or homes for the mentally retarded was 17.2 percent (table G-2). The standard error for 17.2 percent of 648,000 is about 1.1 percent (table G-4). This means that the chances are 68 out of 1,000 that the proportion of persons in institutions for the mentally retarded was between 16.1 and 18.3 percent, and the chances are about 19 out of 20 that the proportion was between 15 and 19.4 percent.

TABLE G-3.—Standard errors of sample estimates of institutionalized adults aged 18 and over, total population and type of institution subpopulations, fall 1967

Size of estimate (in thousands)	Total population	Type of institution		
		Psychiatric	Mentally retarded	Chronic disease
Standard error (in thousands)				
10	1.9	2.2	1.7	1.6
25	3.6	4.2	3.5	3.1
50	5.9	6.9	6.3	5.2
75	8.1	9.5	8.9	7.2
100	10.2	11.9	11.4	9.1
150	14.1	16.4	16.3	12.7
200	18.0	20.8		
250	21.7	25.1		
300	25.4	29.3		
400	32.7	37.4		
500	39.8	45.4		
650	50.4			

TABLE G-4.—Standard errors of estimated percentages of institutionalized adults aged 18 and over, total population and type of institution subpopulations, fall 1967

Base of percentage (in thousands)	Estimated percentage								
	2 or 98	5 or 95	10 or 90	15 or 85	20 or 80	25 or 75	35 or 65	50	
Total population		Standard errors							
10	2.04	3.23	4.53	5.45	6.16	6.72	7.48	7.93	
25	1.32	2.11	2.98	3.61	4.10	4.48	5.01	5.34	
50	.96	1.54	2.20	2.68	3.05	3.34	3.75	4.02	
75	.79	1.29	1.85	2.26	2.58	2.83	3.19	3.43	
100	.70	1.14	1.64	2.01	2.30	2.53	2.85	3.07	
150	.58	.96	1.39	1.71	1.96	2.16	2.45	2.64	
200	.52	.86	1.24	1.53	1.76	1.94	2.20	2.38	
250	.47	.78	1.14	1.41	1.62	1.79	2.03	2.20	
300	.43	.73	1.06	1.31	1.51	1.67	1.90	2.06	
400	.39	.65	.96	1.18	1.37	1.51	1.72	1.87	
500	.35	.60	.88	1.09	1.26	1.40	1.60	1.73	
650	.32	.54	.80	1.00	1.15	1.28	1.46	1.59	
Psychiatric hospitals or wards									
10	2.18	3.49	4.93	5.97	6.77	7.40	8.28	8.82	
25	1.43	2.31	3.30	4.02	4.59	5.03	5.66	6.07	
50	1.05	1.72	2.47	3.03	3.47	3.82	4.32	4.65	
75	.88	1.45	2.10	2.59	2.97	3.27	3.71	4.00	
100	.77	1.29	1.88	2.32	2.66	2.94	3.34	3.61	
150	.65	1.10	1.61	2.00	2.30	2.54	2.90	3.14	
200	.58	.98	1.45	1.80	2.08	2.30	2.62	2.85	
250	.53	.90	1.34	1.66	1.92	2.13	2.43	2.65	
300	.49	.84	1.25	1.56	1.81	2.01	2.29	2.50	
400	.44	.76	1.13	1.42	1.64	1.82	2.09	2.28	
500	.41	.70	1.05	1.32	1.53	1.70	1.95	2.13	
Institutions for the mentally retarded									
10	1.33	2.17	3.11	3.81	4.35	4.79	5.40	5.80	
25	.89	1.48	2.16	2.66	3.06	3.38	3.83	4.14	
50	.67	1.13	1.66	2.06	2.38	2.64	3.01	3.27	
75	.57	.97	1.44	1.79	2.07	2.30	2.63	2.86	
100	.51	.87	1.30	1.62	1.88	2.09	2.40	2.61	
150	.43	.75	1.13	1.42	1.65	1.84	2.11	2.30	
Chronic disease facilities									
10	1.60	2.54	3.58	4.52	4.89	5.33	5.95	6.33	
25	1.04	1.67	2.37	2.88	3.28	3.59	4.02	4.30	
50	.76	1.23	1.76	2.15	2.46	2.70	3.04	3.26	
75	.63	1.03	1.49	1.83	2.09	2.30	2.60	2.80	
100	.56	.92	1.33	1.63	1.87	2.06	2.33	2.51	
150	.47	.78	1.13	1.39	1.60	1.77	2.01	2.17	

APPENDIX C

Schedules

Budget Bureau No. 72-S-66012; Approval Expires June 1, 1968

FORM S-78A (6-5-67)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		A. Control number																					
SURVEY OF INSTITUTIONALIZED ADULTS																									
<p>NOTICE - All information which would permit identification of the institution or individual will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey, and will not be disclosed or released to others for any purpose.</p> <p>B. Appointment procedure</p> <p>1. Is the average length of stay for patients(residents, etc.) in (name of sample institution) 30 days or more?</p> <p>1 <input type="checkbox"/> Yes - Skip to 3 2 <input type="checkbox"/> No - Go to 2</p> <p>Question 3 refers only to units with patients whose average length of stay is 30 days or more.</p> <p>3. Are any of the patients (residents, etc.) of (name of sample institution, or units named in 2) 18 years of age or older?</p> <p>1 <input type="checkbox"/> Yes - Make appointment for interview <input type="checkbox"/> No - Complete MFI by telephone and end interview; do not make appointment</p> <p>2. Are there any units within (name of sample institution) which have an average length of stay of 30 days or more?</p> <p>1 <input type="checkbox"/> Yes - Describe each long-term ward separately, then go to 3. <input type="checkbox"/> No - Complete MFI by telephone and end interview; do not make appointment</p>																									
C. Name and address of institution		<p>D. Ownership</p> <p>1 <input type="checkbox"/> State or local government 2 <input type="checkbox"/> Veterans Administration 3 <input type="checkbox"/> Federal agency other than VA 4 <input type="checkbox"/> Private nonprofit 5 <input type="checkbox"/> Proprietary</p>																							
E. Total number of beds in entire institution		Number																							
F. Number of full-time and part-time personnel		<table border="1"> <tr> <td>Physicians and dentists</td> <td>Full time</td> <td>Part time</td> </tr> <tr> <td>All other personnel</td> <td></td> <td></td> </tr> <tr> <td>Total personnel</td> <td></td> <td></td> </tr> </table>			Physicians and dentists	Full time	Part time	All other personnel			Total personnel														
Physicians and dentists	Full time	Part time																							
All other personnel																									
Total personnel																									
<p>G. Type of institution (Verify)</p> <table> <tr> <td>Long-term hospital (Ask questions 3-10)</td> <td>Home or school for handicapped (Ask questions 3-10)</td> <td>Long-term ward in short-stay hospital (Ask questions 1-10)</td> </tr> <tr> <td>01 <input type="checkbox"/> Psychiatric</td> <td>07 <input type="checkbox"/> Mental</td> <td>09 <input type="checkbox"/> Psychiatric</td> </tr> <tr> <td>02 <input type="checkbox"/> Chronic disease</td> <td>08 <input type="checkbox"/> Physical</td> <td>10 <input type="checkbox"/> Chronic disease</td> </tr> <tr> <td>03 <input type="checkbox"/> Tuberculosis</td> <td></td> <td>11 <input type="checkbox"/> Tuberculosis</td> </tr> <tr> <td>04 <input type="checkbox"/> General</td> <td></td> <td>12 <input type="checkbox"/> Rehabilitation ward</td> </tr> <tr> <td>05 <input type="checkbox"/> Rehabilitation center</td> <td></td> <td>13 <input type="checkbox"/> Other - Specify</td> </tr> <tr> <td>06 <input type="checkbox"/> Other - Specify</td> <td></td> <td></td> </tr> </table>					Long-term hospital (Ask questions 3-10)	Home or school for handicapped (Ask questions 3-10)	Long-term ward in short-stay hospital (Ask questions 1-10)	01 <input type="checkbox"/> Psychiatric	07 <input type="checkbox"/> Mental	09 <input type="checkbox"/> Psychiatric	02 <input type="checkbox"/> Chronic disease	08 <input type="checkbox"/> Physical	10 <input type="checkbox"/> Chronic disease	03 <input type="checkbox"/> Tuberculosis		11 <input type="checkbox"/> Tuberculosis	04 <input type="checkbox"/> General		12 <input type="checkbox"/> Rehabilitation ward	05 <input type="checkbox"/> Rehabilitation center		13 <input type="checkbox"/> Other - Specify	06 <input type="checkbox"/> Other - Specify		
Long-term hospital (Ask questions 3-10)	Home or school for handicapped (Ask questions 3-10)	Long-term ward in short-stay hospital (Ask questions 1-10)																							
01 <input type="checkbox"/> Psychiatric	07 <input type="checkbox"/> Mental	09 <input type="checkbox"/> Psychiatric																							
02 <input type="checkbox"/> Chronic disease	08 <input type="checkbox"/> Physical	10 <input type="checkbox"/> Chronic disease																							
03 <input type="checkbox"/> Tuberculosis		11 <input type="checkbox"/> Tuberculosis																							
04 <input type="checkbox"/> General		12 <input type="checkbox"/> Rehabilitation ward																							
05 <input type="checkbox"/> Rehabilitation center		13 <input type="checkbox"/> Other - Specify																							
06 <input type="checkbox"/> Other - Specify																									
H. Record of interview	Interview time Began a.m. p.m.	Ended a.m. p.m.	Date completed	Name and title of staff member interviewed																					
Interviewed by																									
I. Number of Form S-79's transmitted																									
Number																									

USCOMM-DC

1. How many beds are regularly maintained for patients or residents in this long-term ward?	1. Number of beds _____		
2a. What is the total number of personnel working full time on this ward (35 hours or more per week)?	2a. Total full time Number		
b. How many of these are physicians and dentists working full time on this ward?	b. Physicians and dentists full time Number		
c. What is the total number of personnel working part time on this ward?	c. Total part time Number		
d. How many of these are physicians and dentists working part time on this ward?	d. Physicians and dentists part time Number		
3. Has anyone in this institution been designated to assist patients and their families in planning for discharge?	3. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
4a. Does your institution provide patient care outside the institution BEFORE DISCHARGE, such as foster family care, half-way house or similar arrangements?	4a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 5a		
b. How many patients are now in such a program?	b. Number of patients _____		
5a. Do you usually provide followup care or supervision for patients AFTER discharge?	5a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 6		
b. What type of care or supervision do you provide –	b. (Read all categories) 1 <input type="checkbox"/> Outpatient clinic? 2 <input type="checkbox"/> Referrals to other clinic facilities or agencies? 3 <input type="checkbox"/> Other care and supervision? – Specify _____		
6a. What is your most frequent charge for lodging, meals, and nursing care?	6a. Per day	or	Per month
b. What is your highest charge for lodging, meals, and nursing care?	\$		\$
c. What is your lowest charge for lodging, meals, and nursing care?	\$		\$
7. Is payment for patient care received by an office in this institution, a Government office outside this institution, or by a private agency outside this institution?	7. 1 <input type="checkbox"/> This institution 2 <input type="checkbox"/> Government agency → (Name) 3 <input type="checkbox"/> Private agency 4 <input type="checkbox"/> No charges (Address)		
8a. Does this institution maintain individual patient accounts for personal spending money, savings, burial, or general reserves for such things as rehabilitation, transportation, etc.?	8a. 1 <input type="checkbox"/> Yes x <input type="checkbox"/> No – Skip to 9a		
b. What type of accounts are maintained? – Check each applicable account	b. Is there a limit to the amount allowed in the . . . account? 1 <input type="checkbox"/> Personal spending o <input type="checkbox"/> No limit or \$ _____ 2 <input type="checkbox"/> Savings o <input type="checkbox"/> No limit or \$ _____ 3 <input type="checkbox"/> Burial o <input type="checkbox"/> No limit or \$ _____ 4 <input type="checkbox"/> Other – Specify _____ o <input type="checkbox"/> No limit or \$ _____		

<p>9a. How many patients are there in this institution (or ward)?</p>	<p>9a. Number of patients _____</p>
<p>b. Does that figure include patients on extended leave?</p>	<p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to d</p>
<p>c. How many patients are on extended leave?</p>	<p>c. Number on extended leave _____</p>
<p>d. Approximately how many of the patients in this institution (or ward) are under 18 years of age?</p>	<p>d. Number under 18 _____</p>
<p>10. Is there a current listing of inpatients available which EXCLUDES patients on extended leave and patients under 18 years of age?</p>	<p>10. 1 <input type="checkbox"/> Yes - Describe the listing _____ _____</p>
<p>Footnotes and comments</p>	<p>2 <input type="checkbox"/> No - Determine what lists are available and suitable for sampling and describe. _____ _____</p>

LISTING OF SAMPLE PATIENTS OR RESIDENTS

INSTRUCTIONS

SURVEY OF INSTITUTIONALIZED ADULTS
PATIENT HISTORY

NOTICE — All information which would permit identification of the institution or individual will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey, and will not be disclosed or released to others for any purpose.

B. Name of institution

C. Institutional code

IDENTIFICATION

1. Patient's name	1. Name (Last, first, initial)			FOR OFFICE USE ONLY
2. Last known address	2. Street address City _____ State and ZIP code _____			
3. What is — 's present marital status?	3. 1 <input type="checkbox"/> Not married → 2 <input type="checkbox"/> Married <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 20px;"> 1 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Never married </div>			
4. What is — 's Social Security, medicare, or Railroad Retirement number?	4. _____			
5. What is — 's date of birth?	5. Month	Day	Year	
6. Race	6. 1 <input type="checkbox"/> White	2 <input type="checkbox"/> Negro	3 <input type="checkbox"/> Other	
7. Sex	7. 1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female		
8. If "Ever married and female," ASK — What was — 's maiden name?	8. Name (Last, first, initial)			
9. Where was — born?	9. City and state or foreign country			
10. What was — 's father's full name?	10. Name (Last, first, middle)			
11a. Is — receiving a monthly check from the Social Security Administration?	11a 1 <input type="checkbox"/> Yes — Ask b 3 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No — Skip to 12			
b. What is the Social Security account number on — 's check?	b. 1 <input type="checkbox"/> Same as question 4 3 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Different →			
12. Did — ever serve in the Armed Forces of the United States?	12. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know			
13. What is the name, address, and relationship of the person you would notify concerning — 's general condition, progress, or special needs?	13. Name _____ Relationship _____ Street address _____ City _____ State and ZIP code _____			

ADMISSION AND MEDICAL CONDITION		
14. When was -- last admitted to this institution?	14. Month _____ Year _____	
15. If patient is in psychiatric hospital or psychiatric ward, ASK - Was -- admitted as a result of a court action?	15. 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No	
16. With whom did -- live at the time of the last admission? - Check the first box that applies	16. 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Children 3 <input type="checkbox"/> Parents 4 <input type="checkbox"/> Other relative 5 <input type="checkbox"/> Alone or with unrelated persons 6 <input type="checkbox"/> In nursing home, home for the aged or other extended care facility 7 <input type="checkbox"/> In mental hospital 8 <input type="checkbox"/> In a long-term specialty hospital (except mental) 9 <input type="checkbox"/> Other place - Specify 0 <input type="checkbox"/> Don't know	
17. Has -- had any prior admission here?	17. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
18. How many months was -- here in 1966?	18. 1 <input type="checkbox"/> All 2 <input type="checkbox"/> None Months _____	
19. What is the total length of time that -- has spent in this institution?	19. Years _____ Months (If less than a year) _____	
20. Has -- been a patient in any other long-term institution?	20. 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No	
21. What is the main reason for -- being here?	21. _____ _____	
22. Do you expect -- to be discharged or released within the next six months?	22. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Perhaps } Skip to 25	
23. What living arrangements are available for -- immediately after discharge?	23. 1 <input type="checkbox"/> At home with family member(s) 2 <input type="checkbox"/> At home alone 3 <input type="checkbox"/> Nursing or convalescent home 4 <input type="checkbox"/> Foster care home 5 <input type="checkbox"/> Home for the aged 6 <input type="checkbox"/> Other - Specify 7 <input type="checkbox"/> No arrangements at this time	
24. Will your institution provide any post-discharge care or services to -- ?	24. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

FINANCIAL ARRANGEMENTS

25. How much is the present MONTHLY charge for -- 's lodging, meals, and nursing care?	25. \$ _____ x <input type="checkbox"/> No charge - <i>Skip to 30</i>																														
26. Is this a standard or reduced charge?	26. 1 <input type="checkbox"/> Standard - <i>Skip to 28</i> 2 <input type="checkbox"/> Reduced																														
27. What is the basis for reduction in charges?	27. 1 <input type="checkbox"/> Public assistance recipient 2 <input type="checkbox"/> Patient's inability to pay 3 <input type="checkbox"/> Type of admission or commitment 4 <input type="checkbox"/> Age of patient 5 <input type="checkbox"/> Expected length of stay 6 <input type="checkbox"/> Other																														
28. (Besides lodging, meals and nursing care) were there any (other) charges for -- last month?	28. 1 <input type="checkbox"/> Yes - How much? \$ _____ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not here last month - <i>Skip to 30</i>																														
29. Are there any overdue institution charges being carried on your books for -- ? (Omit bills less than 30 days old.)	29. 1 <input type="checkbox"/> Yes - How much? \$ _____ 2 <input type="checkbox"/> No																														
30. If the institution maintains any of the following types of patient accounts - see <i>Institution Questionnaire</i> , question 8, ASK - How much is -- 's current balance in his (her) - account?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">30.</th> <th style="text-align: right; padding-bottom: 5px;">Balance</th> <th style="text-align: right; padding-bottom: 5px;">None</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px;">1 <input type="checkbox"/> Personal spending</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> <td style="text-align: right; padding-bottom: 5px;">0 <input type="checkbox"/></td> </tr> <tr> <td style="padding-bottom: 5px;">2 <input type="checkbox"/> Savings</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> <td style="text-align: right; padding-bottom: 5px;">0 <input type="checkbox"/></td> </tr> <tr> <td style="padding-bottom: 5px;">3 <input type="checkbox"/> Burial fund</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> <td style="text-align: right; padding-bottom: 5px;">0 <input type="checkbox"/></td> </tr> <tr> <td style="padding-bottom: 5px;">4 <input type="checkbox"/> Other</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> <td style="text-align: right; padding-bottom: 5px;">0 <input type="checkbox"/></td> </tr> </tbody> </table>	30.	Balance	None	1 <input type="checkbox"/> Personal spending	\$	0 <input type="checkbox"/>	2 <input type="checkbox"/> Savings	\$	0 <input type="checkbox"/>	3 <input type="checkbox"/> Burial fund	\$	0 <input type="checkbox"/>	4 <input type="checkbox"/> Other	\$	0 <input type="checkbox"/>															
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3 <input type="checkbox"/> Burial fund	\$	0 <input type="checkbox"/>																													
4 <input type="checkbox"/> Other	\$	0 <input type="checkbox"/>																													
31. Has any official of your institution been designated financial administrator for any funds or income received by -- ?	31. 1 <input type="checkbox"/> Yes x <input type="checkbox"/> No - <i>Skip to 35</i>																														
32. From whom do you usually receive these funds? - Check all that apply. What was the total amount received from . . . (each source) last month?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">32.</th> <th style="text-align: right; padding-bottom: 5px;">\$</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px;">01 <input type="checkbox"/> Social security</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">02 <input type="checkbox"/> Public welfare or public assistance</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">03 <input type="checkbox"/> Veteran's Administration payments</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">04 <input type="checkbox"/> Trust fund administered by this institution</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">05 <input type="checkbox"/> Social agency administering funds</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">06 <input type="checkbox"/> Vocational rehabilitation agency</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">07 <input type="checkbox"/> Health insurance</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">08 <input type="checkbox"/> Patient</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">09 <input type="checkbox"/> Spouse</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">10 <input type="checkbox"/> Other relative, friend, or guardian</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="padding-bottom: 5px;">11 <input type="checkbox"/> Other</td> <td style="text-align: right; padding-bottom: 5px;">\$</td> </tr> <tr> <td style="text-align: right; padding-top: 10px;">TOTAL AMOUNT</td> <td style="text-align: right; padding-top: 10px;">\$</td> </tr> <tr> <td colspan="2" style="text-align: left; padding-top: 5px;">OR x <input type="checkbox"/> No funds usually received - <i>Skip to 35</i></td> </tr> <tr> <td colspan="2" style="text-align: left; padding-top: 5px;">12 <input type="checkbox"/> Not here last month - <i>Skip to 36</i></td> </tr> </tbody> </table>	32.	\$	01 <input type="checkbox"/> Social security	\$	02 <input type="checkbox"/> Public welfare or public assistance	\$	03 <input type="checkbox"/> Veteran's Administration payments	\$	04 <input type="checkbox"/> Trust fund administered by this institution	\$	05 <input type="checkbox"/> Social agency administering funds	\$	06 <input type="checkbox"/> Vocational rehabilitation agency	\$	07 <input type="checkbox"/> Health insurance	\$	08 <input type="checkbox"/> Patient	\$	09 <input type="checkbox"/> Spouse	\$	10 <input type="checkbox"/> Other relative, friend, or guardian	\$	11 <input type="checkbox"/> Other	\$	TOTAL AMOUNT	\$	OR x <input type="checkbox"/> No funds usually received - <i>Skip to 35</i>		12 <input type="checkbox"/> Not here last month - <i>Skip to 36</i>	
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12 <input type="checkbox"/> Not here last month - <i>Skip to 36</i>																															

FINANCIAL ARRANGEMENTS – Continued

<p>33. How was . . . (amount in question 32) spent or used last month?</p>	<p>33.</p> <p>1 <input type="checkbox"/> Patient's regular care at this institution \$</p> <p>2 <input type="checkbox"/> Special care or treatment. \$</p> <p>3 <input type="checkbox"/> Personal use of patient (canteen or commissary fund, direct cash, etc.) \$</p> <p>4 <input type="checkbox"/> General contingency fund, rehabilitation, prosthetic appliances, burial fund(s) or other contingencies \$</p> <p>5 <input type="checkbox"/> Other savings or investments \$</p> <p>6 <input type="checkbox"/> Allocated to patient's spouse or children for support \$</p> <p>7 <input type="checkbox"/> Other – Specify. \$</p>
<p>34. Did anyone else pay part or all of the charges for -- last month?</p>	<p>34.</p> <p>1 <input type="checkbox"/> Yes – Who was this? How much did . . . (each source) pay?</p> <p>2 <input type="checkbox"/> Patient \$</p> <p>3 <input type="checkbox"/> Spouse \$</p> <p>4 <input type="checkbox"/> Other relative \$</p> <p>5 <input type="checkbox"/> Social Security \$</p> <p>6 <input type="checkbox"/> Public welfare \$</p> <p>7 <input type="checkbox"/> Vocational rehabilitation \$</p> <p>8 <input type="checkbox"/> Health insurance. \$</p> <p>9 <input type="checkbox"/> Other – Specify \$</p> <p>x <input type="checkbox"/> No _____</p> <p align="right">SKIP TO 36</p>
<p>35. Last month who paid the charges for -- 's care? – Check any who paid part or all and ASK – How much did . . . pay?</p>	<p>35. x <input type="checkbox"/> No charge – Skip to 36</p> <p>1 <input type="checkbox"/> Patient \$</p> <p>2 <input type="checkbox"/> Spouse \$</p> <p>3 <input type="checkbox"/> Other relative \$</p> <p>4 <input type="checkbox"/> Social Security \$</p> <p>5 <input type="checkbox"/> Public welfare \$</p> <p>6 <input type="checkbox"/> Vocational rehabilitation. \$</p> <p>7 <input type="checkbox"/> Health insurance. \$</p> <p>8 <input type="checkbox"/> Other – Specify \$</p> <p>9 <input type="checkbox"/> No one paid _____</p> <p>0 <input type="checkbox"/> Not here last month _____</p>

FINANCIAL ARRANGEMENTS - Continued

<p>36a. Has anyone (else) been designated financial administrator for any funds or income received by -- ?</p>	<p>36a.</p> <p>1 <input type="checkbox"/> Yes - Who? {</p> <p>1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Parent 3 <input type="checkbox"/> Brother or sister 4 <input type="checkbox"/> Adult child 5 <input type="checkbox"/> Other close relative 6 <input type="checkbox"/> Friend 7 <input type="checkbox"/> Guardian 8 <input type="checkbox"/> Social agency 9 <input type="checkbox"/> Other - Specify</p> <p>x <input type="checkbox"/> No } Skip to 41 2 <input type="checkbox"/> Don't know }</p>									
<p>b. What is his (her) name and address?</p>	<p>b. 1 <input type="checkbox"/> Same as question 13 OR Name _____ Street address _____ City and State _____ ZIP code _____</p>									
<p>37. How much money did he (she) send you last month?</p>	<p>37. \$ _____ 0 <input type="checkbox"/> None</p>									
<p>38. How recently has he (she) been in touch with your staff about -- 's general condition, progress or special needs? - Check the first box that applies</p>	<p>38. 1 <input type="checkbox"/> Within the last week</p>									
	<p>2 <input type="checkbox"/> Within the last month</p>									
	<p>3 <input type="checkbox"/> Within the last six months</p>									
	<p>4 <input type="checkbox"/> Within the last 12 months</p>									
	<p>5 <input type="checkbox"/> Not within the last 12 months</p>									
	<p>6 <input type="checkbox"/> Don't know</p>									
<p>39. How often does he (she) visit -- ? - Check the first box that applies</p>	<p>39. 1 <input type="checkbox"/> At least once a week 2 <input type="checkbox"/> At least once a month 3 <input type="checkbox"/> At least once every six months 4 <input type="checkbox"/> At least once a year 5 <input type="checkbox"/> Less often than once a year 6 <input type="checkbox"/> Not at all 7 <input type="checkbox"/> Don't know</p>									
<p>40. Does he (she) -</p> <p>a. Write or phone?</p> <p>b. Send gifts (including spending money)?</p> <p>c. Have -- visit him (her)?</p>	<p>40.</p> <table> <tr> <td>1 <input type="checkbox"/> Yes</td> <td>2 <input type="checkbox"/> No</td> <td>3 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>1 <input type="checkbox"/> Yes</td> <td>2 <input type="checkbox"/> No</td> <td>3 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>1 <input type="checkbox"/> Yes</td> <td>2 <input type="checkbox"/> No</td> <td>3 <input type="checkbox"/> Don't know</td> </tr> </table>	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
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1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know								
<p>Notes</p>										

PERSONAL AND MEDICAL CARE

41. Does -- need personal care such as help in dressing, bathing, eating, or other daily activities?	41. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to 43</i>
42. How often does -- need help in:	42. Regularly Occasionally Never
a. Dressing?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
b. Personal hygiene?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
c. Eating?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
d. Getting in or out of bed?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
43. Does -- stay in bed all or most of the day?	43. x <input type="checkbox"/> Yes - <i>Skip to 48</i> 2 <input type="checkbox"/> No
44. Does -- stay in his own room or ward all or most of the day?	44. 1 <input type="checkbox"/> Yes - <i>Skip to 46</i> 2 <input type="checkbox"/> No
45. Is -- permitted to leave the premises?	45. 1 <input type="checkbox"/> Yes - <i>Alone?</i> { 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
46. Can -- walk unassisted or with a cane or crutch?	46. x <input type="checkbox"/> Yes - <i>Skip to 48</i> 2 <input type="checkbox"/> No
47. Can -- get about with a walker, or on his own using a wheel chair?	47. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48. Does -- have any problem with control over bladder or bowels?	48. 1 <input type="checkbox"/> Yes - <i>How frequently?</i> { 1 <input type="checkbox"/> Usually 2 <input type="checkbox"/> Occasionally
49. Is -- confused about his surroundings?	49. 1 <input type="checkbox"/> Yes - <i>How frequently?</i> { 1 <input type="checkbox"/> Usually 2 <input type="checkbox"/> Occasionally
50. Is -- capable of managing his own spending money?	50. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to 52</i>
51. Is -- capable of managing other income?	51. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
52. Does -- have any: a. Hearing difficulty?	52. 1 <input type="checkbox"/> Yes - <i>Is he deaf?</i> { 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Vision difficulty?	1 <input type="checkbox"/> Yes - <i>Is he blind?</i> { 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Speech difficulty?	1 <input type="checkbox"/> Yes - <i>Is he mute?</i> { 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

PERSONAL AND MEDICAL CARE - Continued

53. During the past 7 days, which of the following treatments or services did -- receive? - SHOW CARD		53.
a. Medication	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b. Nursing care (injections, bandages, measuring temperature, pulse etc.)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c. Psychiatric treatment	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d. Physical therapy	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e. Speech therapy	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
f. Occupational therapy	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
g. Special education for mental retardation	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
h. Special education for the blind or deaf	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
i. Training with devices such as braces or artificial limbs	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
j. Vocational training	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
k. Guidance and counseling (other than psychiatric)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
l. Other treatment - Specify ↗	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
54. Does -- sleep in a -		54.
a. Room by himself,	1 <input type="checkbox"/> 1	
b. A room or word with 2-4 persons,	2 <input type="checkbox"/> 2-4	
c. A room or word with 5-9 persons, or	3 <input type="checkbox"/> 5-9	
d. A word or dormitory with 10 or more persons?	4 <input type="checkbox"/> 10+	
55. Who provides --'s clothing?	55. 1 <input type="checkbox"/> Patient or relative 2 <input type="checkbox"/> Institution 3 <input type="checkbox"/> Both	
56. Does -- do any work at this institution, that is, work assigned by the institution?	56. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 58	
57. Does -- receive any money for this work?	57. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Notes		

FAMILY RELATIONS

We would like to have some information about persons outside the institution who maintain contact with --		Check all that apply						
		Parents		Spouse	Brothers or sisters	Children		Other relations or friends
Father	Mother	Under 18	Over 18					
58. Does -- have any relatives or friends? <i>If "Yes," --</i> Any other relatives or friends?	58. 1 <input type="checkbox"/> Yes - Who? → x <input type="checkbox"/> No Skip 2 <input type="checkbox"/> Don't know 63	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
59. Do any of these relatives (or friends) live within 50 miles?	59. 1 <input type="checkbox"/> Yes - Who? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
60. Do any of these relatives (or friends) visit -- at least once a month?	60. 1 <input type="checkbox"/> Yes - Who? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
61. Do any of these relatives (or friends) write or telephone regularly?	61. 1 <input type="checkbox"/> Yes - Who? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
62. Do any of these relatives (or friends) send gifts or spending money to --?	62. 1 <input type="checkbox"/> Yes - Who? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
63. Has -- been on any kind of leave during the past 12 months?	63.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No - <i>End interview</i>					
64. Where does -- go when on leave?	64. 1 <input type="checkbox"/> To home of own family 2 <input type="checkbox"/> To home of unrelated friends 3 <input type="checkbox"/> To nursing home or foster home 4 <input type="checkbox"/> To other protective environment - <i>Specify</i> _____ 5 <input type="checkbox"/> To boarding house or room alone 6 <input type="checkbox"/> Don't know							
65. About how often does -- go on leave?	65. 1 <input type="checkbox"/> Nearly every weekend 2 <input type="checkbox"/> At least once a month 3 <input type="checkbox"/> Several times a year 4 <input type="checkbox"/> About once a year or less							
Notes								

The Bureau of the Census is conducting a nation-wide sample survey for the Department of Health, Education, and Welfare to obtain information about people who are or were patients or residents in hospitals, training schools, and other long-stay health care facilities. The findings of this survey will be used to plan for more effective care of people in need of these services.

The person whose name appears in the upper left hand corner of the address label has been selected to be included in this survey. Since you are a relative or guardian, we are asking you to help us by providing some information about this person.

Please fill out the questionnaire within the next few days and return it in the enclosed postage-paid envelope. The information which you provide on the questionnaire will be treated as confidential. It will be seen only by persons engaged in this survey and will be used only to develop statistical summaries. It will not be disclosed or released to anyone else for any purpose whatever.

Please accept my thanks for your assistance in this program.

Sincerely yours,

A. Ross Eckler

A. Ross Eckler
Director
Bureau of the Census

NOTICE: All information which would permit identification will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released.

RELATIVES OR GUARDIAN QUESTIONNAIRE

The questions below are about the person whose name appears on page 1 who was in an institution or hospital several months ago. The questions apply to the time this person was in the institution even if he is no longer there. Although you may not have all the information for filling this form, we would appreciate your answering all the questions. Please mark "Don't Know" if you do not have the information.

1a. Are you related to this person?	1 <input type="checkbox"/> Yes—I am his (her) ↓ 2 <input type="checkbox"/> Wife 5 <input type="checkbox"/> Mother 8 <input type="checkbox"/> Brother or Sister 3 <input type="checkbox"/> Husband 6 <input type="checkbox"/> Son 9 <input type="checkbox"/> Other relative—Specify 4 <input type="checkbox"/> Father 7 <input type="checkbox"/> Daughter		
b. Is this person still in the same hospital, school, or institution he was in during August, September, or October, 1967?	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> In a different hospital, school, or institution 2 <input type="checkbox"/> No longer in a hospital, school, or institution 4 <input type="checkbox"/> No longer living—Skip to 4		
2. Is this person now married, widowed, divorced, separated, or never married?	1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Don't know		
3. Does this person now have any children under 18 years of age?	1 <input type="checkbox"/> Yes—How many? _____ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
4. Is anybody else now living in your home who is related to this person (besides yourself, if you are a relative)? (Check all that apply.)	01 <input type="checkbox"/> Yes—How are they related to him (her)? X <input type="checkbox"/> No ↓ 02 <input type="checkbox"/> Wife or husband 08 <input type="checkbox"/> Mother 03 <input type="checkbox"/> Son(s) under 18 09 <input type="checkbox"/> Brother(s) 04 <input type="checkbox"/> Daughter(s) under 18 10 <input type="checkbox"/> Sister(s) 05 <input type="checkbox"/> Son(s) 18 or over 11 <input type="checkbox"/> Grandparent(s) 06 <input type="checkbox"/> Daughter(s) 18 or over 12 <input type="checkbox"/> Grandchild(ren) 07 <input type="checkbox"/> Father 13 <input type="checkbox"/> Other relative(s) (Including in-laws)		
5. Did this person ever serve in the U.S. Armed Forces?	1 <input type="checkbox"/> Yes ↓ When?	2 <input type="checkbox"/> No FROM (Month and Year)	3 <input type="checkbox"/> Don't know TO (Month and Year)
6. What is the highest grade or year of regular school this person has completed? (Elementary, high school, or college)	ELEMENTARY HIGH SCHOOL COLLEGE 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 1-3 years 5 <input type="checkbox"/> 1 or more years of college 1 <input type="checkbox"/> 1-7 years 4 <input type="checkbox"/> 4 years 6 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> 8 years		
7. How many years altogether has this person spent in long stay hospitals, schools, or other institutions? (Include any years in homes for the mentally or physically handicapped, nursing homes, etc.)	1 <input type="checkbox"/> Less than 1 year 4 <input type="checkbox"/> 5-9 years 7 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> 1-2 years 5 <input type="checkbox"/> 10-19 years 3 <input type="checkbox"/> 3-4 years 6 <input type="checkbox"/> 20 or more years		

Questions 8, 9, and 10 are about this person's work experience

<p>8. Has this person ever had a job or profession or operated a business or farm? (Include service in Armed Forces as a job)</p>	<p>1 <input type="checkbox"/> Yes—Answer 9a-c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 10</p>
<p>9a. In what year was this person last employed (or self-employed)? (For example, engineer, stock clerk, secretary, etc.)</p>	<p>Year: _____ X <input type="checkbox"/> Don't know</p>
<p>b. What kind of work did this person do on his (her) last job? (For example, engineer, stock clerk, secretary, etc.)</p>	<p>Kind of work: _____ X <input type="checkbox"/> Don't know</p>
<p>c. What kind of business or industry was that? (For example, TV manufacturing, retail shoe store, government, etc.)</p>	<p>Kind of business: _____ X <input type="checkbox"/> Don't know</p>
<p>10. At what age did this person's condition or illness start to limit the kind or amount of work he (she) could do?</p>	<p>1 <input type="checkbox"/> Before age 18 2 <input type="checkbox"/> Age 18 or after—In what year did it start? _____ 3 <input type="checkbox"/> Don't know</p>

Now we would like some information about the people he (she) was living with when he (she) went to the hospital, school, or institution shown on page 1.

<p>11. Were you living in the same house or apartment as this person at the time that he (she) last went to the hospital or institution?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>12. Who else was this person living with at that time? (Check <u>all</u> that apply)</p>	<p>01 <input type="checkbox"/> No one else 10 <input type="checkbox"/> Lived with non-relatives 02 <input type="checkbox"/> Lived with relatives (Specify which) 11 <input type="checkbox"/> Transferred from another long-term hospital or institution 03 <input type="checkbox"/> Wife or husband 12 <input type="checkbox"/> Other place—Specify 04 <input type="checkbox"/> Children 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother(s) 08 <input type="checkbox"/> Sister(s) 09 <input type="checkbox"/> Other relatives X <input type="checkbox"/> Don't know</p>
<p>13. Who was the head of his (her) family at that time? (Check <u>only</u> one)</p>	<p>1 <input type="checkbox"/> This person lived alone 5 <input type="checkbox"/> This person's child was head 2 <input type="checkbox"/> Lived with non-relatives 6 <input type="checkbox"/> This person's parent was head 3 <input type="checkbox"/> This person was head of family 7 <input type="checkbox"/> Some one else was head 4 <input type="checkbox"/> This person's husband was head 8 <input type="checkbox"/> Don't know</p>

Questions 14-19 are about the hospital, school, or institution.

<p>14. When was the last time you were in touch with the hospital, school or institution about this person? (Check the first box that applies)</p>	<p>1 <input type="checkbox"/> Within the past week 2 <input type="checkbox"/> Within the past month 3 <input type="checkbox"/> Within the past 6 months</p> <p>4 <input type="checkbox"/> Within the past year 5 <input type="checkbox"/> More than a year ago 6 <input type="checkbox"/> Not at all</p>
<p>15. How often do you see this person? (Check the first box that applies)</p>	<p>1 <input type="checkbox"/> At least once a week 2 <input type="checkbox"/> At least once a month 3 <input type="checkbox"/> At least once in 6 months</p> <p>4 <input type="checkbox"/> At least once a year 5 <input type="checkbox"/> Less than once a year 6 <input type="checkbox"/> Not at all</p>
<p>16. Why did this person go to a hospital or institution? (Check <u>all</u> that apply)</p>	<p>1 <input type="checkbox"/> No one at home to look after him (her) anymore 2 <input type="checkbox"/> Needed permanent care not possible at home 3 <input type="checkbox"/> Could not afford to keep him (her) at home 4 <input type="checkbox"/> Had to be watched and looked after more carefully than was possible at home</p> <p>5 <input type="checkbox"/> Too hard to handle, couldn't be kept at home 6 <input type="checkbox"/> Needed medical and nursing care for health 7 <input type="checkbox"/> Needed special training 8 <input type="checkbox"/> Other-Specify</p>
<p>17. Why did this person go to this particular hospital or institution? (Check <u>all</u> that apply)</p>	<p>1 <input type="checkbox"/> Nearest to home 2 <input type="checkbox"/> Provides best treatment 3 <input type="checkbox"/> Able to get care without charge or at reduced cost 4 <input type="checkbox"/> Only one providing required treatment or care 5 <input type="checkbox"/> Recommended by doctor 6 <input type="checkbox"/> Recommended by family or friends</p> <p>7 <input type="checkbox"/> Recommended by agency or court 8 <input type="checkbox"/> Other-Specify</p> <p>X <input type="checkbox"/> Don't know</p>
<p>18. Do you expect this person to be discharged or released within the next six months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>4 <input type="checkbox"/> No longer in hospital, school, or institution— Skip to 20</p>
<p>19. Where do you expect this person to live when he (she) leaves the hospital or institution?</p>	<p>1 <input type="checkbox"/> Here with me 2 <input type="checkbox"/> Alone 3 <input type="checkbox"/> With relatives 4 <input type="checkbox"/> With non-relatives 5 <input type="checkbox"/> Nursing or convalescent home</p> <p>6 <input type="checkbox"/> Foster care home 7 <input type="checkbox"/> Home for the aged 8 <input type="checkbox"/> Other-Specify</p> <p>9 <input type="checkbox"/> Don't expect him (her) to leave the hospital very soon</p>

Questions 20-23 are about the property, savings, or other assets this person may own

20. Does this person or his wife (husband) own a home?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
	3 <input type="checkbox"/> Don't know	
21. Does this person or his wife (husband) own or have an investment in a business or professional practice, farm or other real estate?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
	3 <input type="checkbox"/> Don't know	
22. Does this person or his wife (husband) have any money in banks, savings and loan associations, or credit unions?	1 <input type="checkbox"/> Yes—Estimate the total amount	\$ _____
	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
23. Does this person or his wife (husband) have any stocks, bonds, or other assets?	1 <input type="checkbox"/> Yes—Estimate their total worth	\$ _____
	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know

Questions 24-30 are about medical expenses and the payment of medical and other bills

24. Is this person covered by any health insurance which pays all or part of the bill for hospital care or doctor's or surgeon's care?	1 <input type="checkbox"/> Yes—What is the name of the insurance plan(s)? _____	
	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
25. Did you pay any medical expenses for this person out of your own money in 1967?	1 <input type="checkbox"/> Yes—About how much? \$ _____	
	2 <input type="checkbox"/> No	
26. Did you contribute to his support out of your own money in any way besides medical expenses in 1967?	1 <input type="checkbox"/> Yes—About how much? \$ _____	
	2 <input type="checkbox"/> No	
27. Do you handle any bills or take care of any money matters for this person?	1 <input type="checkbox"/> Yes—Answer questions 28-34	
	2 <input type="checkbox"/> No—Skip to 35	
28. Did this person have any medical care in 1967 outside of the hospital or institution where he is (was)?	1 <input type="checkbox"/> Yes	
	2 <input type="checkbox"/> No—Skip to 31	3 <input type="checkbox"/> Don't know—Skip to 31
29. What were the total charges for medical care outside of this hospital or institution during 1967?	\$ _____	
	1 <input type="checkbox"/> No charge—Skip to 31	2 <input type="checkbox"/> Don't know—Skip to 31
30a. Were any of these charges paid for by health insurance?	1 <input type="checkbox"/> Yes—About how much? \$ _____	
	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
b. Were any of these charges paid for out of the patient's own funds or by his wife (or husband)?	1 <input type="checkbox"/> Yes—About how much? \$ _____	
	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
c. Were any of these charges paid for by anyone else (other than yourself)?	1 <input type="checkbox"/> Yes—About how much? \$ _____	
	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know

Questions 31-34 are about the income of the patient in 1967

31. Did this person (and his wife or her husband) receive income from any of the following sources in 1967? (Check Yes or No for each type of income listed.)			
a. Social Security?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
b. Public Welfare or Public Assistance?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
c. Veterans Administration Payments?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
d. Government or private employee pensions?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
e. Contributions by other relatives and friends (besides yourself?)	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
32a. In 1967 did this person receive any income from wages, salary, commissions, or self employment?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
b. Did this person's husband or wife receive any income from wages, salary, commissions or self-employment in 1967?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Not married
33. Did this person or his wife or husband receive any other income in 1967 besides what you have listed?	1 <input type="checkbox"/> Yes—About how much? \$ _____	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
34. Overall, about how much income did this person (and his wife or her husband) receive in 1967?	1 <input type="checkbox"/> None	\$ _____	

Questions 35-40 are about the management of the patient's money

35. Have you been named as financial administrator or representative payee for any funds or income received by this person?	1 <input type="checkbox"/> Yes—Answer 36-40	2 <input type="checkbox"/> No—Skip to 41
36. Who appointed you financial administrator or representative payee? (Check all that apply.)	1 <input type="checkbox"/> Social Security 2 <input type="checkbox"/> Public Welfare or 3 <input type="checkbox"/> Veterans 4 <input type="checkbox"/> Administration 5 <input type="checkbox"/> Court	5 <input type="checkbox"/> Other agency Specify _____ Not appointed by agency or court—Skip to 39
37. When you were first appointed payee or administrator, did the appointing agency discuss with you the things you were expected to do?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
38. Did you get any written instructions from this agency?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
	3 <input type="checkbox"/> Don't remember	3 <input type="checkbox"/> Don't remember

Management of Patient's Money—continued

Last month, did you receive any money for this person (or for his wife or children) from any of the following sources: (Please check Yes or No for each item)	
a. Social Security?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
b. Public Welfare or Public Assistance?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
c. Veterans Administration Payments?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
d. Relatives or friends?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
e. Other sources? Describe: _____	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
40. During the past month did you use any of this person's money for any of the following purposes: (Please check Yes or No for each item)	
a. Care and treatment in hospital, school, or institution?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
b. Personal needs such as canteen or commissary fund, cash, clothing, or other patient uses?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
c. Support of children or wife (husband)?	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No
d. Other purposes? Describe: _____	1 <input type="checkbox"/> Yes—About how much? \$ _____ 2 <input type="checkbox"/> No

The last questions are needed for classification and statistical purposes.

41. When was this person born?	MONTH	DAY	YEAR
42. Where was this person born?	CITY	STATE OR FOREIGN COUNTRY	
43. What is (was) this person's father's full name?	FIRST	MIDDLE	LAST
44. What was this person's mother's maiden name?	FIRST	MIDDLE	LAST
45. If this person is a woman and has ever been married, what was her maiden name?	FIRST	MIDDLE	LAST
46. What is this person's Social Security, Medicare, or Railroad Retirement number?			
47. If this person is receiving Social Security, what is the Social Security account number shown on his (her) check?	<p>1 <input type="checkbox"/> Same number  2 <input type="checkbox"/> Different number </p>		
48. Please indicate who answered this questionnaire.	<p>1 <input type="checkbox"/> Same person it was addressed to 2 <input type="checkbox"/> A different person—What is your relationship to the patient?</p>		
49. Does anyone else receive any funds on this person's behalf (besides yourself)?	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes—Please give name, address, and relationship:</p>		

NAME

RELATIONSHIP

STREET ADDRESS

CITY

STATE

ZIP CODE

CONTROL NUMBER	FOR OFFICE USE ONLY
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at least once a month. Persons aged 65 and over and persons in chronic disease facilities were more likely to be visited than other patients. The mentally retarded had fewer visitors in the institution but were allowed more leave than other patients.

A third of the patients were not charged for care. The median monthly charge for those with charges was \$200, but 1 out of 5 patients had some charges reduced. Charges were highest for patients in chronic disease facilities and lowest for those in facilities for the mentally retarded. OASDHI beneficiaries were more likely to have institutional care charges than nonbeneficiaries, but they were also more likely to have their charges reduced. One patient out of 5 had overdue charges on the institution's books.

The mean income for nonmarried patients for whom data could be obtained was \$1,200; for married patients, with a husband's or wife's income included, it was \$4,400. The major sources of income were OASDHI benefits for the non-married; benefits and earnings, for the married. Three-fourths of the patients had less than \$100 in any kind of assets, including a home. Married persons, beneficiaries, and persons aged 65 and over were more likely to have assets than other patients; the aged averaged the highest amount—\$1,800.

Over half the institutionalized adults had some type of financial administrator to handle part or all of their funds. Both institutions and relatives acting as administrators reported receiving more patient funds through social security than from any other source. Most funds were used as payment for care and treatment, but relatives serving as administrators used more funds for the patient's personal needs than institutional administrators.

Patients with administrators and, especially, beneficiaries with representative payees were more severely incapacitated, had been disabled and institutionalized longer, and had less likelihood of discharge than patients without administrators. Patients with representative payees were also more likely to have assets, to receive funds each month, and to be charged for care than other patients, but they were also more likely to have their charges reduced. There was no difference between patients with and without administrators in the frequency of contacts with relatives or friends, but patients with an institution as administrator were more isolated than patients with a relative as administrator. Beneficiaries with a relative as payee were younger and more likely to be married and had been institutionalized for a shorter period than beneficiaries with the institution as payee.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
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